



ANNUAL REPORT
of the
JOINT COMMITTEE ON
CORRECTIONS
of the
MISSOURI GENERAL ASSEMBLY

January 2012

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To All Senators, Representatives, and Staff:

It is our pleasure to present the Joint Committee on Corrections Annual Report for 2012. This report is provided pursuant to Section 21.465, RSMo.

The Joint Committee on Corrections is a permanent committee of the General Assembly. The committee was established in 1957 by an act of the Sixty-Ninth General Assembly. The applicable statutory provisions may be found in Sections 21.440 to 21.465 of the Revised Statutes of Missouri. The committee is bipartisan in composition and is composed of six members each from the House of Representatives and the Senate.

This report provides detailed information received by the Joint Committee from each of the correctional facilities maintained by the Department of Corrections. We hope you find the Annual Report informative.

Annual Report of the Joint Committee on Corrections, January 2012

Introduction

The Joint Committee on Corrections conducted state-wide tours and inspections of the following correctional facilities as required by law.

- [Algoa Correctional Center in Jefferson City](#),
- [Boonville Correctional Center in Boonville](#),
- [Chillicothe Correctional Center in Chillicothe](#),
- [Crossroads Correctional Center in Cameron](#),
- [Eastern Reception, Diagnostic, and Correctional Center in Bonne Terre](#),
- [Farmington Correctional Center in Farmington](#),
- [Fulton Reception/Diagnostic Center in Fulton](#),
- [Jefferson City Correctional Center in Jefferson City](#),
- [Maryville Treatment Center in Maryville](#),
- [Missouri Eastern Correctional Center in Pacific](#),
- [Moberly Correctional Center in Moberly](#),
- [Northeast Correctional Center in Bowling Green](#),
- [Ozark Correctional Center in Fordland](#),
- [Potosi Correctional Center in Mineral Point](#),
- [South Central Correctional Center in Licking](#),
- [Southeast Correctional Center in Charleston](#),
- [Tipton Correctional Center in Tipton](#),
- [Western Missouri Correctional Center in Cameron](#),
- [Western Reception, Diagnostic, and Correctional Center in St. Joseph](#), and
- [Women's Eastern Reception, Diagnostic and Correctional Center in Vandalia](#).

- [Algoa Correctional Center in Jefferson City](#)
- [Algoa Correctional Center Vehicle Report](#)

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Boonville Correctional Center				
Custody Level	3 (BCC) Low (BTC)		Warden	Billy D. Harris
Total Acreage	547		Address	1216 East Morgan
Acreage w/in Perimeter	55			Boonville, MO 65233
Square Footage	319,191		Telephone:	660-882-6521
Year Opened	1983		Fax:	660-882-7825
Operational Capacity/Count (as of January 15, 2012)	1316 Capacity 1238 Count			
General Population Beds (capacity and count as of January 15, 2012)	1154 Capacity 1007 Count		Deputy Warden Offender Management	Rebecca Ehlers
Segregation Beds (capacity and count as of January 15, 2012)	98 Capacity 80 Count		Deputy Warden Operations	Steve Cline
Treatment Beds (capacity and count as of January 15, 2012)	102 (SIP*) Capacity 90 (SIP*) Count 30 (TV)** Capacity 04 (TV)** Count		Asst. Warden	Justin Page
Work Cadre Beds (capacity and count as of January 15, 2012)	60 (BTC***) Capacity 57 (BTC***) Count		Asst. Warden	
Diagnostic Beds (capacity and count as of January 15, 2012)			Major	Scott Colter
Protective Custody Beds (capacity and count as of January 15, 2012)				

***SIP = Shock Incarceration Program**

****TV = Technical Violator**

*****BTC = Boonville Treatment Center**

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution? **Good**
- b. What capital improvement projects do you foresee at this facility over the next six years?
Smoke Stack Demolition, HU-5 Roof, Del Norte Upgrade, Food Service Rood, and Street Overlay
- c. How critical do you believe those projects are to the long-term sustainability of this facility?
Important

2. Staffing:

- a. Do you have any critical staff shortages? **BCC is currently operating at critical staffing levels at the COI position. BCC also has difficulty hiring and keeping Cooks. As of now, BCC has one Cook II position open.**

- b. What is your average vacancy rate for all staff and for custody staff only? **The current vacancy rate for custody is approximately 4 to 6 positions per month. Due to new hire orientation and training of new staff, turn around time for officers is approximately 2 to 3 months. There is constant turnover within the custody job classification. The average monthly vacancy rate for all staff is 2.9%. The average monthly vacancy rate for custody staff is 2.7%.**
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution? **Yes. Due to current staffing requirements, management of compensatory time is challenging. When officers accrue compensatory time, there is often not enough staff to ensure officers are given time off, resulting in the accrual of compensatory time.**
- d. What is the process for assigning overtime to staff? **There are two overtime lists currently utilized; the first is a volunteer list. Officers can volunteer for overtime prior to being mandated. This list is the first to be utilized. The second ist is a mandatory overtime list; this list is used as a last resort. If no custody staff members volunteer for overtime, the mandatory list is used.**
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?
Approximately 36% of comp time is paid (BCC)
Approximately 15% of comp time is used (BCC)
Approximately 48% of comp time is paid (BTC)
Approximately 37% of comp time is used (BTC)
- f. Is staff able to utilize accrued comp-time when they choose? **Due to current staffing patterns, custody staff members very rarely have the opportunity to utilize accrued compensatory time when they choose.**

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? **We currently have 550 students enrolled, which is 43% of our offender population.**
- b. How many (and %) of inmate students earn their GED each year in this institution? **144 students have passed their GED. Of the percent that take the test we have an overall GED pass rate of 90%.**
- c. What are some of the problems faced by offenders who enroll in education programs? **Many of the offenders are not at the institution long enough to earn their GED due to SIP status, etc. Many of the offenders' backgrounds have not given them the knowledge base that society would expect due to low vocabulary, educational backgrounds, and familial expectations. Most of the offenders have been taught that they are failures, so a self-fulfilling prophecy occurs whereby they truly don't believe they can achieve a GED.**

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? **Short-term 120-day and Board stipulated 84-day programs**
- b. How many beds are allocated to those programs? **60 beds**
- c. How many offenders do those programs serve each year? **180**
- d. What percent of offenders successfully complete those programs? **86%**
- e. What, in you opinion, is the biggest challenge to running a treatment program in a prison setting? **The greatest challenge is the scheduling of groups, individual sessions, and interventions so they do not interfere with required protocols of the correctional system. The second greatest problem is the assumption that offenders are not sincere about change and therefore don't deserve the opportunity.**

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution? **None**
- b. How many offenders (and %) participate in these programs each year?
- c. Do the programs lead to the award of a certificate?
- d. Do you offer any training related to computer skills?

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution? **None**
- b. How many (and %) of offenders work for MVE at this site?
- c. Who are the customers for those products?
- d. What skills are the offenders gaining to help them when released back to the community?

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? **Yes.**
Site visit in 2010.
- b. How many offenders are seen in chronic care clinics?
***We had a total of 902 doctor visits in 2011.**
***We had a total of 1026 nurse visits in 2011.**
***Our average number enrolled in Chronic Care Clinics per month for 2011 was 352 offenders. The numbers of offenders per population continue to increase each year. We have a large percentage of Hepatitis C offenders. We have offenders in the diabetic, hypertension/cardiac, HIV, TV, and chronic pain clinics.**
- c. What are some examples of common medical conditions seen in the medical unit? **We have a lot of offenders with Hepatitis C, hypertension, heart disease, diabetes, chronic pain, and gastric problems.**
- d. What are you doing to provide health education to offenders? **It starts at receiving where we provide a printed document of the procedure for accessing medical care at BCC. The receiving nurse verbally reviews it with them and allows them to ask questions. The chronic care nurse has developed an extensive library of material to go with specific disease problems for offenders in the chronic care clinics. We have recently obtained some general health guideline videos that we plan to play for offenders waiting in the hall to see the physician and the nursing staff. We offer a resource guide to offenders being released to their community when leaving. If an offender requests specific information on a medical problem we will research it and provide appropriate material to them.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? **We have not had any; however, we would follow the isolation protocol if it occurs.**
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. **The medical unit at Boonville Correctional Center is located on the second floor of our building. With the increased age of our population comes decreased mobility of the patients, and since there is no elevator to the second floor it causes a problem with access to health care. We have multiple medications that require watch take and the offender must come to medical for each does. It also requires that any offender who cannot walk up stairs must be carried on a stretcher.**

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? **Offenders are educated as to the use of the Medical Services Request for upon intake at all diagnostic centers.**
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? **None. We maintain excellent communications with all departments and respond to requests for mental health services as a priority function.**
- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **None (as relates to a mental health issue).**
- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **None.**

9. What is your greatest challenge in managing this institution? **Age and condition of facility**

10. What is your greatest asset to assist you in managing this institution? **Experienced staff at BCC.**

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?) **BCC currently has a fleet of older vehicles with high mileage on each one. The age of the fleet puts staff members and offenders at jeopardy when conducting transportation trips.**

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **There are a number of current issues which affect staff morale in all classifications. At this point in time, staff morale is very low. These are only a few areas which affect overall staffing morale.**

- **Current pay parameters for staff greatly affect staff morale.**
- **Current staffing patterns which lead to a large amount of voluntary/mandatory overtime**
- **State's elimination of matching funds for retirement**
- **State increasing health insurance without any form of pay increases**
- **Having to work ten years before being vested with the State**
- **Having to contribute 4% of pay for retirement without any form of matching funds**

13. Caseworkers:

A. How many caseworkers are assigned to this institution?

BCC = 18 Case Managers & 1 CCA

BTC = 1 Case Manager

B. Do you currently have any caseworker vacancies? **No**

C. Do the caseworkers accumulate comp-time? **Case Managers use flex time. A very minimal amount of comp time is accumulated.**

D. Do the caseworkers at this institution work alternative schedules? **Yes**

E. How do inmates gain access to meet with caseworkers? **Open door policy**

E. Average caseload size per caseworker? **78.5**

- # of disciplinary hearings per month? **501**
- # of IRR's and grievances per month? **IRRs = 49 Grievances = 15**
- # of transfers written per month? **56**
- # of re-classification analysis (RCA's) per month? **271**

F. Are there any services that you believe caseworkers should be providing, but are not providing?
More counseling

G. If so, what are the barriers that prevent caseworkers from delivering these services? **Increased paperwork shuffle takes a lot of time**

- H. What type of inmate programs/classes are the caseworkers at this institution involved in? **ICVC, Anger Management, Pathway to Change, Inside/Out Dads**
- I. What other duties are assigned to caseworkers at this institution? **Provide assistance in Laundry, Clothing, and the Library when needed. Provide tours and escort outside agencies inside. Assist with sandbagging.**
- 14. Institutional Probation and Parole officers:**
- A. How many parole officers are assigned to this institution? **Nine (8 PPO-II and 1 PPO-III)**
 - B. Do you currently have any staff shortages? **No**
 - C. Do the parole officers accumulate comp-time? **Only in very rare situations, i.e. holiday on regular day off. Comp time is not paid out but must be used.**
 - D. Do the parole officers at this institution flex their time, work alternative schedules? **All officers are allowed flex time. Three officers work four 10-hour days.**
 - E. How do inmates gain access to meet with parole officers? **Generally, the offenders submit a note or "kite" through institutional staff.**
 - F. Average caseload size per parole officer? **140**
 - # of pre-parole hearing reports per month? **60**
 - # of community placement reports per month? **21**
 - # of investigation requests per month? **65 in state and 8 out of state**
 - G. Are there any services that you believe parole officers should be providing, but are not providing? **No**
 - H. If so, what are the barriers that prevent officers from delivering these services? **N/A**
 - I. What type of inmate programs/classes are the parole officers at this institution involved in? **Pathways to Change, Pre-Parole Briefings, and THU Orientation.**

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. None

16. Does your institution have saturation housing? If so, how many beds? No

17. Radio/Battery Needs:

- a. What is the number of radios in working condition? **BCC currently has approximately 180 working radios. BCC is slated to receive a new base station and new hand-held radios.**
- b. Do you have an adequate supply of batteries with a good life expectancy? **Not currently.**
- c. Are the conditioners/rechargers in good working order? **Not currently.**

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Chillicothe Correctional Center			
Custody Level	Minimum/Maximum	Warden	Steve Larkins
Total Acreage	140	Address	3151 Litton Road
Acreage w/in Perimeter	60		Chillicothe, MO 64601
Square Footage	450,000	Telephone:	660-646-4032
Year Opened	2008	Fax:	660-646-1217
Operational Capacity/Count (as of January 15, 2012)	1340 Capacity 1037 Count		
General Population Beds (capacity and count as of January 15, 2012)	1008 Capacity 535 Count	Deputy Warden	Steve Moore Deputy Warden of Offender Management
Segregation Beds (capacity and count as of January 15, 2012)	76 Capacity 50 Count	Deputy Warden	Sherie Korneman Deputy Warden of Operations
Treatment Beds (capacity and count as of January 15, 2012)	256 Capacity 183 Count	Asst. Warden	
Work Cadre Beds (capacity and count as of January 15, 2012)	0/0 (Included in General Population Beds)	Asst. Warden	
Diagnostic Beds (capacity and count as of January 15, 2012)	200 Capacity 0 Count	Major	Courtney Schweder
Protective Custody Beds (capacity and count as of January 15, 2012)	0/0 (Included in Segregation Beds)		

1. Capital Improvement Needs:

- How would you rate the overall condition of the physical plant of the institution?
Our facility is in good condition.
- What capital improvement projects do you foresee at this facility over the next six years?
Possible replacement of the Food Service freezer ceiling panels we have had issues with in the past. Convert perimeter and wall pack lighting over to LED lighting to conserve energy and reduce our environmental footprint. Seal all asphalt surfaces, such as the perimeter road and the parking lot.
- How critical do you believe those projects are to the long-term sustainability of this facility?
These projects are not critical at this point but are issues that we will need to consider looking at in the future.

2. Staffing:

- Do you have any critical staff shortages?
No
- What is your average vacancy rate for all staff and for custody staff only?
 - **Average vacancy rate for all staff (January 1, 2011 through December 31, 2011):**

Average total vacancies per month = 21.7

Average number of positions vacated per month = 4.08

- **Average vacancy rate for custody staff (January 1, 2011 through December 31, 2011:**

Average total vacancies per month = 2.4

Average number of positions vacated per month = 2.0

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?

Although there is no significant impact on management of the facility, staff are often resistant to taking time the same week that they work any comp/overtime in order to not accrue any extra on the books. Staff prefer to be allowed to take time at their convenience.

- d. What is the process for assigning overtime to staff?

Volunteers are solicited to cover overtime needs. If no volunteers are found, staff are mandated to cover necessary overtime.

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?

- **Percentage of comp time taken off = 55%**

- **Percentage of comp time paid out = 45%**

- f. Is staff able to utilize accrued comp-time when they choose?

Every effort is made (and staff are required) to take time the same work week it is scheduled. In this way, those individuals particularly who earn time and a half if it carries over into the week, are only taking actual time worked. This constitutes a savings to the department and is the established protocol. In instances where this is not possible, staff are encouraged and sometimes scheduled to take it as soon as possible.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?

As of January 12, 2012 there are 1043 offenders at CCC. Of those, 295 or 28.3% do not have a GED or High School diploma. Of the 295, 176 (59.7%) are enrolled in school and 119 (40.3%) are on a waiting list or in Administrative Segregation. We are currently two (2) teachers short for our allotted classroom space, which if filled would basically eliminate the waiting list and allow us to enroll everyone except the Administrative Segregation offenders.

- b. How many (and %) of inmate students earn their GED each year in this institution?

Fiscal Year	Passed	Attempts	Pass Rate
FY08	60	74	81.1%
FY09	69	86	80.2%
FY10	104	124	83.9%
FY11	98	116	84.5%
TOTAL	331	400	82.75%

The GED Academic Education staff continues to do a great job with our population. Four the fourth straight year, we increased our GED pass rate and halfway through FY12, statistics show we will continue this trend as we currently have 38 out of 40 passing the GED or a 95% pass rate for FY12.

- c. What are some of the problems faced by offenders who enroll in education programs? **Aside from the obvious problem (they are in prison) the most common problems include:**

- They don't want to be in class, but are required to do so.
- Many have poor study skills.
- They haven't recovered mentally from the idea of having failed.
- Often they have difficulty dealing with an adult authority figure.
- Some students have been removed from the academic arena for so long they find it difficult to get back into the study/learning mode again.
- Sometimes the affects of drug/alcohol abuse in their long-term memory.
- The many interruptions, whether appointments or out-count (short or long).
- For whatever reason, short attention span is also a problem.
- Personal or family problems.

4. **Substance Abuse Services:**

- a. What substance abuse treatment or education programs does this institution have?

Chillicothe Correctional Center began offering Substance Abuse Treatment services on October 1, 2009 contracted through Kansas City Community Center. CCC offers the following treatment services: Short-term Treatment, Intermediate Treatment, Long-term Treatment, Partial-day Treatment, and a Relapse Program. Additionally, Substance Abuse Education is provided to offenders who are preparing to be released from incarceration.

The contract provides on-site assessments as well as gender responsive, evidence-based substance abuse treatment services at CCC to those offenders referred by the department/court system and designated as eligible to receive services. Additionally, a small number of offenders are allowed to volunteer to participate within specified programs. A summary of service requirements includes the following:

1. **Assessment** services for offenders at CCC who have been stipulated by the Board of Probation and Parole or are court ordered for institutional substance abuse treatment.
2. **Short-term (3 – 3 ½ months) Substance Abuse Treatment Program** for offenders sentenced pursuant to RSMo 559.115, Post Conviction Drug Treatment for offenders sentenced pursuant to RSMo 217.785, and probation and parole violators stipulated for substance abuse treatment by the Board of Probation and Parole.
3. **Intermediate Treatment Program (6 months)** for offenders stipulated for substance abuse treatment.
4. **Long-term (12 months) Substance Abuse Treatment** for offenders stipulated by the Board of Probation and Parole and offender's ordered for substance abuse treatment by the court pursuant to RSMo 217.362.
5. **Co-occurring Substance Abuse and Mental Health Disorders Program** for offenders with mild to moderate impairment with mental health disorders including offenders on psychotropic medications.
6. **Partial-day Treatment (2 – 2 ½ months)** for offenders referred by the department for substance abuse treatment services. Offenders may self refer to participate within the Partial-day Treatment upon meeting designated criteria.
7. **Relapse Program (30 Days)** for eligible offenders who have previously completed treatment and are referred by the department. The Relapse Program is the second of the two programs in which offenders may self refer upon meeting designated criteria.

8. **Transitional Housing Unit Substance Abuse Services (6 months prior to release)** for offenders transitioning from prison to community, to assist them with knowledge and skills to increase their readiness for release.
- b. How many beds are allocated to those programs?
- | | |
|-------------------------------|----------------|
| Short-term Treatment | 64 beds |
| Intermediate Treatment | 96 beds |
| Long-term Treatment | 32 beds |
| Partial-day Treatment | 32 beds |
| Relapse Program | 32 beds |
- c. How many offenders do those programs serve each year?
As of December 31, 2011, 1130 offenders have participated within the Substance Abuse programs.
- | | |
|-------------------------------|------------|
| Short-term Treatment | 556 |
| Intermediate Treatment | 361 |
| Long-term Treatment | 53 |
| Partial-day Treatment | 139 |
| Relapse Program | 21 |
- d. What percent of offenders successfully complete those programs?
- | | |
|-------------------------------|------------|
| Short Term Treatment | 93% |
| Intermediate Treatment | 84% |
| Long-term Treatment* | 55% |
| Partial-day Treatment | 91% |
| Relapse Program | 95% |
- *21% of the offenders (board referred) placed in Long-term treatment have withdrawn from the program.**
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?
The women's population brings a separate set of concerns that the male offender population does not. Research indicates the need for gender responsive program which requires needs to be met that are not addressed in traditional treatment programs. Some additional areas that must be addressed include poor health, risk of sexually transmitted diseases, psychological problems, history of victimization, family responsibility, and a lack of employment skills. There is the additional concern of the balance of security with the need to provide treatment. Correctional staff is trained primarily to ensure safety and security within our facilities, while treatment staff views incarceration as a time for rehabilitation. Continuous training and direction is needed to balance these two philosophies. Treatment staff is also tasked with the requirement of scheduling aftercare services for the offenders upon their release. At times it can be a challenge to coordinate community-based treatment services with the needs and desires of the offender and probation/parole officer in the community. Another challenge with aftercare services is the limited funding available for these services. At times, appointments are not able to be set due to long waiting lists. One final challenge in running a treatment program in a prison setting is locating adequately qualified staff in a rural location. This requires frequent advertising to discover potential employees.

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution?

The programs offered at CCC are Basic Electricity and Electronics, Business and Customer Service, Computer Repair and Refurbishing, Cosmetology, Culinary Arts, and Professional Gardening and Landscaping.

- b. How many offenders (and %) participate in these programs each year?

Approximately 276 offenders (74%) complete programs every year.

- c. Do the programs lead to the award of a certificate?

All offenders completing the class receive a DOC completion certificate and a Department of Labor Apprenticeship certificate. Culinary Arts students also can receive a ServSafe certificate if they pass the test. Cosmetology students can receive their state license. Testing for Cosmetology State License requires offender transport to Kirksville for the written test and Independence for practical testing.

- d. Do you offer any training related to computer skills?

While all CTE classes utilize technology in some manner, Business and Customer Service offers the use of computer software consistently throughout its coursework. This software includes keyboarding applications and Microsoft Office 2007, which includes Word, Excel and Power Point. In addition, Computer Repair and Refurbishing, Basic Electricity and Electronics and Professional Gardening and Landscaping all use the computer for class work and utilize the keyboarding practice program Microtype as part of their program.

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?

Men's boxers, women's briefs, wash cloths and towels.

- b. How many (and %) of offenders work for MVE at this site?

30 offenders (2.9%)

- c. Who are the customers for those products?

DAI is the primary customer; they issue these items to the offenders, and items are available for offenders to purchase through the offender canteen if they wish to have additional items.

- d. What skills are the offenders gaining to help them when released back to the community?

Offenders learn how to sew, work well with others and work as part of a team to accomplish quality products. Some offenders will also learn leadership, clerical and mechanical skills. Additionally, all offenders have the opportunity to enroll in Public Broadcast System (PBS) classes "Work Place Essential Skills" and "Computer Literacy".

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?

Yes

- b. How many offenders are seen in chronic care clinics?

793

- c. What are some examples of common medical conditions seen in the medical unit?

Diabetes, Hypertension, Asthma, COPD, Seizures, Hepatitis C, HIV, Cardiovascular and Cancer.

- d. What are you doing to provide health education to offenders?

Annual Health Fair, Written and Verbal education during chronic care and sick call. Information posted to Offender TV channel periodically.

- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?

No

- f. Is the aging of the population affecting health care in prisons as it is affecting health care everywhere else? If yes, please explain.

Yes, health conditions naturally decline as age increases.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?

1. Chronic Care: Offenders are seen within 2 weeks of arrival at CCC, every month thereafter.

2. Individual Encounters may be requested by offenders by submitting a completed Medical Services Request (MSR).

3. Staff may refer offenders for treatment.

4. Groups are advertised with sign-up sheets that are placed on bulletin boards within the general population housing units. Requests for groups are also considered when submitted on an MSR.

5. Administrative Segregation: A Qualified Mental Health Provider makes weekly contact with offenders housed in this unit. MH staff are currently working with Administrative Segregation staff to establish a transition process to assist offenders who have difficulty adjusting to general population after being released from the Ad Seg unit.

6. Crisis Intervention can be requested from any Department of Corrections staff member. After receiving such a request, every effort is made to meet with the offender as soon as possible.

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

There were no successful suicides at Chillicothe Correctional Center in 2011. Offenders who are believed to be at risk for suicidal behavior are placed in a suicide-resistant cell and monitored every 15 minutes by custody staff via cameras located within the cell. Staff members are trained to recognize verbal and behavioral cues that indicate potential suicide. This instruction is provided during initial staff training and every other year thereafter.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

358 offenders (35.27%)

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

393 offenders have a moderate level of mental health treatment needs, and 5 are considered to have serious functional impairment.

All 398 offenders meet with a qualified mental health professional monthly, and additional therapy sessions are scheduled in response to MSRs and staff referrals. Those who receive involuntary medication (currently 4 offenders) meet with a psychiatrist every 14 days.

9. What is your greatest challenge in managing this institution?

Maintaining morale in light of no pay raises and diminishing benefits.

10. What is your greatest asset to assist you in managing this institution?

Quality staff.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

Year	Type	Use	Mileage	Condition
2008	Chevrolet Uplander	Inmate Transportation	65,964	Excellent
2008	Chevrolet Uplander	Inmate Transportation	52,255	Excellent
2009	Chevrolet Impala	Pool Vehicle	38,262	Excellent
2009	Chevrolet Impala	Pool Vehicle	37,035	Excellent
2009	Chevrolet Impala	Pool Vehicle	35,375	Excellent
2009	Ford 15-Passenger Van	Inmate Transportation	30,588	Excellent
2009	Ford 15-Passenger Van	Inmate Transportation	36,750	Excellent
2009	Ford 15-Passenger Van	Inmate Transportation	33,824	Excellent
2009	Ford Handicap Van	Inmate Transportation	15,724	Excellent
2009	Ford 15-Passenger Van	Inmate Transportation	28,694	Excellent
2009	Ford 15-Passenger Van	Inmate Transportation	29,727	Excellent
2009	Ford 12-Passenger Van	Inmate Transportation	23,509	Excellent
2009	Ford 12-Passenger Van	Inmate Transportation	25,998	Excellent
2009	Ford 12-Passenger Van	Inmate Transportation	19,698	Excellent
2009	Ford Crown Victoria	Inmate Transportation	58,754	Excellent
2009	Ford Crown Victoria	Inmate Transportation	38,911	Excellent
2009	Ford Crown Victoria	Inmate Transportation	37,649	Excellent
2009	Ford Crown Victoria	Inmate Transportation	34,931	Excellent
2009	Ford Crown Victoria	Inmate Transportation	38,943	Excellent
2009	Ford Crown Victoria	Perimeter Patrol	48,186	Excellent
2009	Ford Crown Victoria	Perimeter Patrol	41,767	Excellent
2009	Chevrolet Equinox	Backup Perimeter Patrol	36,456	Excellent
2009	Ford ¾-Ton Truck	Maintenance	6,530	Excellent
2009	Chevrolet Dump Truck	Maintenance	1,916	Excellent
2009	Ford Box Truck	Maintenance	4,292	Excellent

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (Please have the Major answer)

The morale of the custody staff is medium due to cuts made to the retirement plan, no pay raises, and concern for rising health care costs.

13. Caseworkers:

a. How many caseworkers are assigned to this institution?

19 Corrections Case Managers and 3 Corrections Classification Assistants

b. Do you currently have any caseworker vacancies?

Yes, 4 Corrections Cases Manager positions.

c. Do the caseworkers accumulate comp-time?

No.

d. Do the caseworkers at this institution work alternative schedules?

No

e. How do inmates gain access to meet with caseworkers?

Caseworkers have open door hours from 8:30 a.m. to 4:30 p.m. Monday through Friday. Caseworker staff are available in units in the afternoon until 4:30 p.m.

f. Average caseload size per caseworker?

Currently, the average caseload is 54 offenders per caseworker.

- # of disciplinary hearings per month?

221 per month

- # of IRR's and grievances per month?

59 IRR's per month and 11 grievances per month

- # of transfers written per month?

3.6 transfers per month out of the institution

- # of re-classification analysis (RCA's) per month?

152 RCA's per month

g. Are there any services that you believe caseworkers should be providing, but are not providing?

Caseworker staff continue to work with offenders to provide transitional services. They continue to struggle with finding enough time to provide pending-release offenders with adequate referrals in the community.

h. If so, what are the barriers that prevent caseworkers from delivering these services?

Time constraints as well as access to and knowledge of community resources.

i. What type of inmate programs/classes are the caseworkers at this institution involved in?

- **Pathway to Change**

- **Anger Management**

- **Impact of Crime on Victims (ICVC)**

- **Second Chance in Action**

- **Catholic Charities**

- **Green Hills Empowerment**

- **Pre-Release Program**

- **Resource Library**

j. What other duties are assigned to caseworkers at this institution?

Caseworkers are often called upon to provide assistance to other areas. They act as Visiting Room Liaison, assist with the Puppies for Parole Program, assist with Video Court and conduct video conferences for re-entry purposes.

14. Institutional Probation and Parole officers:

a. How many parole officers are assigned to this institution?

Currently, there is one District Administrator and six allotted Institutional Parole Officers; we are currently fully staffed.

b. Do you currently have any staff shortages?

Not at this time.

c. Do the parole officers accumulate comp-time?

Only if required to attend training or some type of program away from the institution. In the event comp time is accumulated, we work very diligently to get that time flexed off the week it is earned.

d. Do the parole officers at this institution flex their time, work alternative schedules?

The only event of flex time is when comp time is earned, as stated above. Currently, none of the Institutional Parole Officers work alternative schedules. All work five, eight hour days.

e. How do inmates gain access to meet with parole officers?

Inmates gain access to the parole officers by writing kites or attending open

f. Average caseload size per parole officer?

Caseload size per officer ranges from 100-150, but can be all offenders on one housing unit, depending on the officer's assignment. Currently, two of the IPOs handle one housing unit each, on their own.

- # of pre-parole hearing reports per month?

55

- # of community placement reports per month?

15

- # of investigation requests per month?

80

g. Are there any services that you believe parole officers should be providing, but are not providing?

No, other than Diagnostic Services; this cannot happen until the R&D Unit opens.

h. If so, what are the barriers that prevent officers from delivering these services?

The Reception and Diagnostic Center has not yet opened.

i. What type of inmate programs/classes are the parole officers at this institution involved in?

At this time, the parole officers are involved in the orientation classes for new general population offenders to CCC, and new treatment offenders to CCC. At these orientations, the participating offenders are advised on general probation and parole questions, including but not limited to information regarding scheduling of parole hearings, meeting with the institutional parole officers, jail time credit to their sentence, and the role of the Parole Board in the decision making process. In addition to the orientation group, the IPOs are involved in the pre-release group held each month. Specifics of the requirements of supervision on parole or conditional release are discussed in detail.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

None

16. Does your institution have saturation housing? If so, how many beds?

No

17. Radio/Battery Needs:

a. What is the number of radios in working condition?

1 Base Unit

27 Mobile

500 Handheld

b. Do you have an adequate supply of batteries with a good life expectancy?

No. All batteries were purchased the summer of 2008 and have a three year life. With the age of our batteries approaching four years, we have done well reconditioning maintaining them but in the next twelve to twenty-four months, replacement of the batteries will be necessary.

c. Are the conditioners/rechargers in good working order?

Yes

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Crossroads Correctional Center			
Custody Level	C-5 (Maximum)	Warden	Larry Denney
Total Acreage	48 acres	Address	1115 E. Pence Rd.
Acreage w/in Perimeter	40 acres		Cameron, MO 64429
Square Footage		Telephone	(816) 632-2727
Year Opened	1997	Fax	(816) 632-2754
Operational Capacity Count (as of today)	1445		
General Population Beds (capacity/count)	1030	Deputy Warden	Ronda Pash
Segregation Beds (capacity/count)	274	Deputy Warden	Darin Morgan
Treatment Beds (capacity/count)	N/A	Asst. Warden	Terry Page
Work Cadre Beds (capacity/count)	N/A	Asst. Warden	N/A
Diagnostic Beds (capacity/count)	N/A	Major	Lauretta Aitkens
Protective Custody Beds (capacity/count)	144		

1. Capital Improvement Needs:

- a.** How would you rate the overall condition of the physical plant of the institution?

Answer: The overall condition of the institution is still good. There are some areas of concern that need upgrading.

- b.** What capital improvement projects do you foresee at this facility over the next six years?

Answer: 1 - The cooling towers need either repaired or replaced. They are starting to rust through due to their age.

2 - The lagoon needs dredged to prevent the possibility of the pungent odor becoming offensive to the local community.

3 – The security system needs to be upgraded to a newer system due to limited parts and support available for the current system.

4 – The fire alarm system needs to be upgraded to include new smoke and heat detectors. As the fire alarm system circuit boards are obsolete it is getting difficult to find replacement parts.

- c. How critical do you believe those projects are to the long-term sustainability of this facility?

Answer: We believe these projects are crucial to the security of the institution to provide a safe, healthy, and secure environment.

2. Staffing:

- a. Do you have any critical staff shortages?

Answer: Not at present

- b. What is your average vacancy rate for all staff and for custody staff only?

Answer: The average vacancy rate for non-custody staff is 2.5% for 2011. The vacancy rate for custody is 12% for 2011.

- c. Does staff accrual or usage of comp time by staff affect your management of the institution?

Answer: No, first and foremost is to ensure custody and security needs of the institution are met to ensure the maximum results in regards to public safety. We are always aware and attentive to staff scheduling and/or request to utilize comp-time, to ensure comp-time balances are maintained at minimum levels.

- d. What is the process for assigning overtime to staff?

Answer: In accordance with Departmental Policy D2-8.4 Compensatory Time, a compensatory time notification system has been developed. There is a mandatory and voluntary overtime list. When there is a need to request staff to work additional hours to provide shift coverage, a request for volunteers is made first, if no volunteers and or a lack of, then we go to the mandatory list starting with the most recent hire.

- e. Approximately what percentage of the comp time accrued at this institution does staff utilize as time off and what percentage is paid off?

Answer: 80% is used and 20% is paid.

- f. Is staff able to utilize accrued comp time when they choose?

Answer: We make every attempt to give staff time off when requested. The number of vacancies impacts the ability to grant time off work. Sometimes it is not possible i.e. July 4th, deer season, Christmas, etc. to grant all requests.

3. **Education Services:**

A – How many (and %) of inmate students at this institution are currently enrolled in school”

Answer: Crossroads Correctional Center has a volunteer GED program: 5 offenders are currently enrolled. There will be a new enrollment beginning the end of January with a total of 15 enrolled.

B – How many and percentage of inmate students earned their GED each year in this institution?

Answer – CRCC has a volunteer GED program: 15 offenders (1%) earned their GED in 2011.

Zero offenders CRCC earned their GED in 2010.

Four offenders (.27%) at CRCC earned their GED in 2009.

C – What are some of the problems faced by offenders who enroll in education programs?

Answer: Maintaining volunteers to teach.

4. **Substance Abuse Services:**

- a. What substance abuse treatment or education programs does this institution have?

Answer: The institution has offender based NA and AA groups, Programs include Pathway to Change, Inside/Out Dads, Anger Management, Impact of Crimes on Victims Class, and ES/LS.

- b. How many beds are allocated to those programs?

Answer: Not applicable

- c. How many offenders do those programs serve each year?

Answer: From October 2010 to October 2011:
Pathway to Change-201 participants

Impact of Crimes on Victims-98 participants
Inside/Out Dads- 63 participants
Anger Management-63 participants

- d. What percent of offenders successfully complete those programs?

Answer: Pathways to Change-91%
Impact of Crimes on Victims-95%
Inside/Out Dads-63%
Anger Management-63%

- e. What, in your opinion, is the biggest challenge to running a treatment program?

Answer: Not applicable

5. Vocational Programs:

Crossroads Correctional Center does not offer any type of vocational programs to the offender population.

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?

Answer: The products we produce at MVE/CRCC Consumable Products are 1 – Toilet tissue, both one and two ply, 2 – Plastic trash bags of assorted sizes in clear and black plastic, and 3 – Pleated and fiberglass HVAC filters in standard sizes and special sizes upon request.

- b. How many (and %) of offenders work for MVE at this site?

Answer: MVE/CRCC Consumable Products presently employs 46 inmates which is 3 per cent of CRCC'S total inmate population of 1467.

- c. Who are the customers for those products?

Answer: MVE/CRCC Consumable Products' customers consist of Missouri Department of Corrections and all other Missouri state agencies. We also sell to schools, churches and other not for profit organizations in Missouri. We also sell our products to any Missouri state employee. Besides these Missouri customers, we also sell one and two ply tissue to PEN Products, MVE'S counterpart in Indiana, for adding value to their prison industries program and resale to their state customers in Indiana. We also sell to Iowa Prison Industries for resale and distribution to Iowa Department of Corrections.

- d. What skills are the offenders gaining to help them when released back to the community?

Answer: Missouri Vocational Mission statement states, “To provide employment for offenders that will encourage them to develop favorable attitudes and useful skills. Enhance public safety by maximizing education and job training of offenders for success, while incarcerated and upon release.” But more simply stated, MVE/CRCC Consumable Products instills the responsibility to have inmates report to work, on time, on a daily basis. For some, this may be the first time in their lives when they have had to take on this responsibility. For others who have worked previously outside a prison setting, it reinforces this ethic. For all inmates working for MVE/CRCC Consumable Products, we teach or reinforce the skills to produce quality products at competitive costs which our end customers can be satisfied using. I believe we as staff at MVE/CRCC Consumable Products try to lead by example and always attempt to demonstrate to inmates the standards for living, which they will need when reentering society. upon release. For those inmates who wish to participate, we also offer training in two classes. One class is Computer Literacy 101 and the second is Workplace Essential Skills.

7. **Medical Health Services:**

- a. Is the facility accredited by the National Commission on Correctional Health Care?

Answer: Yes

- b. How many offenders are seen in chronic care clinics?

Answer: One Thousand Twenty Two (1,022) as of January 8, 2012

- c. What are some examples of common medical conditions seen in the Medical unit?

Answer: Cardiac issues, asthma, chronic obstructive pulmonary disease, emphysema, thyroid issues, seizures, cancer, chronic pain, Crohn’s disease, ulcerative colitis, hepatitis, HIV, tuberculosis, drug overdoses, assaults, traumas.

- d. What are you doing to provide health education to offenders?

Answer: Annual Health Fair, daily education as patients present to sick call, medical information sheet, pamphlets in the medical lobby.

- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?

Answer: We have had no active tuberculosis cases in the past year.

- f. Is the aging of the population affecting health care in prisons as it is affecting health care everywhere else? If yes, please explain.

Answer: Yes, it is affecting health care in prisons. We are seeing more permanent patients in the Infirmary as well as more admissions to the Infirmary in general, more patients requiring the use of wheelchairs, more medications being ordered and more medications needing to be “watch-take” status as the elderly are unable to maintain control of multiple medications and the dosages for such.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?

Answer: Most of the mental health services can be categorized into six main groups. They are chronic care, individual encounters, groups, Administrative Segregation, Crisis intervention and suicide intervention. As chronic care and suicide intervention will be discussed in greater detail later in this document, these two items will be excluded in the current response.

Offenders may request an individual encounter with Mental Health by submitting a medical services request which is often referred to simply as an MSR. After mental health receives an MSR from an offender, a response letter is generated to notify the offender that Mental Health has received their request. The appropriate mental health staff member will then schedule an appointment with the offender to address their concern. Staff referrals are an additional source that generates individual encounter. Staff referrals are handled in a manner similar to that of an MSR.

The Mental Health Dept will accept requests for groups therapy by way of an MSR submitted by the offender. The group facilitator will make use of the MSR'S and staff referrals in order to fill the offered group.

A Qualified Mental Health Provider (QMHP) will also attempt to make weekly contact with all offenders who are housed in the Administrative Segregation Unit.

The Mental Health Department will accept requests from any Department of Corrections staff member for crisis intervention. After receiving a

request for crisis intervention, a QMHP will meet with the offender as soon as possible.

- b. How many successful suicides (and %) occurred here in the past year and What is being done to prevent suicides?

Answer: There have been no successful suicides in CRCC the past year. All DOC staff members are trained to recognize verbal and behavioral cues that indicate potential suicide. This instruction is provided to the staff during initial training with DOC and every year thereafter.

- c. Approximately how many (and %) of the offenders in this institution are Taking psychotropic medications?

Answer: There are 128 offenders receiving psychotropic medications. This amounts to 8.72% of Crossroads offender population at this time.

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

Answer: There are 133 offenders at CRCC who are considered to have a moderate level of mental health treatment needs and 20 who are considered to have serious functional impairment due to a mental disorder. Of the total 153 offenders, there are 16 who currently have an involuntary medication order in place. All 153 offenders meet with a qualified mental health professional at a minimum of once every month. Additional therapy sessions are scheduled in response to MSR'S submitted by offenders and staff referrals.

Those who are receiving psychotropic medication meet with a psychiatrist at minimum every ninety days. Some psychiatric appointments are provided more frequently depending on the individual needs of the offender. Those who are taking psychotropic medications meet with a psychiatric nurse on a regular basis to monitor any effects that the medications could have on the offender. Those who receive involuntary medication meet with a psychiatrist every fourteen days. Offenders who are dealing with chronic or serious mental illness are also given priority for participation in mental health groups.

9. What is your greatest challenge in managing this institution?

Answer: Maintaining morale with multiple years of no pay increases and higher premiums. Staff is becoming very discouraged. This in turn affects retention of present staff and limits our ability to recruit and hire new staff.

10. What is your greatest asset to assist you in managing this institution?

Answer: The staff at the institution and support structure provided by Central Office.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles, etc.)

Answer: Fair condition; we do have one passenger vehicle (13-0913) with over 120,000 miles.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation.

Answer: Over the past five years staff have been requested and expected to do more with less during these tough economic times. Through the ongoing effort put forth by the administrative team and supervisory staff, I would consider staff morale at a medium-high level.

13. Caseworkers:

a. How many caseworkers are assigned to this institution?

Answer: CRCC has 18 caseworkers.

d. Do you currently have any caseworker vacancies?

Answer: Yes

e. Do the caseworkers accumulate comp time?

Answer: Caseworkers do not accumulate comp time.

d. Do the caseworkers at this institution work alternative schedules?

Answer: As required.

e. How do inmates gain access to meet with caseworkers?

Answer: By completion of an inmate request form from staff.

f. - Average caseload size per caseworker?

Answer: 250 – 288.

- Average number of disciplinary hearings per month?

Answer: 213 disciplinary hearings.

- Average number of IRR's and grievances per month?

Answer: Approximately 204 IRR's, approximately 103 grievances

- Average number of transfers written per month?

Answer: 30 transfers per month.

- Average number of reclassification analysis (RCA's) per month?

Answer: Approximately 150 RCA's per month.

- g.** Are there any services that you believe caseworkers should be providing, but are not providing?

Answer: No.

- h.** What type of inmate programs/classes are the caseworkers at this institution involved in?

Answer: Impact on Crimes on victims, Restorative Justice, Narcotics Anonymous, Alcoholics Anonymous, Pathways to Change, Inside/Out Dads and Anger Management, New Leash on Life Dog Program

- i.** What other duties are assigned to caseworkers at this institution?

Answer: Family contact, monitor food visits, complete visiting applications, return family phone calls, complete adult internal classification system, conduct protective custody hearings, conduct classification hearings, determine enemy situations, crisis counseling, monitor laundry, monitor cleanliness, processing of new offenders, visiting room liaison, general liaison, involvement in litigation, involvement in clothing and property, complete institutional transition on accountability plan, etc.

14. Institutional Probation and Parole Officers:

- a.** How many parole officers are assigned to this institution?

Answer: 1.5

- b.** Do you currently have any staff shortages?

Answer: No.

- c. Do the parole officers accumulate comp time?

Answer: No

- d. Do the parole officers at this institution flex their time, work alternative schedules?

Answer: No

- e. How do inmates gain access to meet with parole officers?

Answer: Offenders can request an appointment with their Parole Officer in writing.

- f. Average caseload size per parole officer?

Answer: We currently have one IPO handling the entire caseload.

- Average number of pre-parole hearing reports per month?

Answer: 15

- Average number of community placement reports per month?

Answer: 2

- Average number of investigation requests per month?

Answer: 8

- g. Are there any services that you believe parole officers should be providing, but are not providing?

Answer: No

- h. If so, what are the barriers that prevent officers from delivering these services?

Answer: N/A

- i. What type of inmate programs/classes are the parole officers at this institution involved in?

Answer: Programs are generally handled by the classification staff.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

Answer: The Warden has no other issues to discuss or bring to the attention of members of the Joint Committee on Corrections.

16. Does your institution have saturation housing? If so, how many beds.

Answer: No

17. Radio/Battery Needs:

- a. What is the number of radios in working condition?

Answer: Motorola HT1000 – 170, Kenwood TK-2180 – 22, Motorola Mobile/Base Radio – 14 (We currently have 10 HT1000 and 1 mobile/base radio that either needs to be or have been sent for repair)

- b. Do you have an adequate supply of batteries with a good life expectancy?

Answer: Minimal numbers are available. Minimal numbers or additional HT 1000 batteries will be purchased when needed. This system is scheduled to be replaced by July, 2012 in its entirety.

- c. Are the conditioners/rechargers in good working order?

Answer: Overall, they are in good condition. They are scheduled for replacement by 07-12.

/dar

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Eastern Reception Diagnostic & Correctional Center			
Custody Level	4/5	Warden	Terry Russell
Total Acreage	213	Address	2727 Highway K
Acreage w/in Perimeter	76		Bonne Terre, MO. 63628
Square Footage	693,410	Telephone:	573-358-5516
Year Opened	2003	Fax:	573-358-0734
Operational Capacity/Count (as of January 15, 2012)	2684		
General Population Beds (capacity and count as of January 15, 2012)	Capacity – 1677 Count - 2756	Deputy Warden	Joe Hoffmeister, DWO
Segregation Beds (capacity and count as of January 15, 2012)	Capacity – 285 Count - 338	Deputy Warden	Jason Lewis, DWOM
Treatment Beds (capacity and count as of January 15, 2012)	Capacity – 24 Count - 17	Asst. Warden	Cindy Griffith, G.P.
Work Cadre Beds (capacity and count as of January 15, 2012)	Capacity – 96 Count - 94	Asst. Warden	Stan Jackson, R&D
Diagnostic Beds (capacity and count as of January 15, 2012)	Capacity – 1007 Count - 1029	Major	Fred Treece
Protective Custody Beds (capacity and count as of January 15, 2012)	Capacity – 72 Count - 71		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?
Fair to Good

- b. What capital improvement projects do you foresee at this facility over the next six years?

1. **The Johnson Controls Metasys BAS system needs upgraded within the near future. The BAS computer is NT bases computer, this is going to a big problem in the future.**
2. **Replacement of the VFD for pumps 9 and 11. If the outside temperature falls to 25 degrees or below, we will not be able to adequately heat the institution without valving off sizeable sections of space.**
3. **Replacement of the drives for pumps 7 & 8. The issue is similar to the issue in number one, but it pertains to the cooling of the institution instead of heating.**

- c. How critical do you believe those projects are to the long-term sustainability of this facility?
Without these improvements we will no longer be able to maintain the heat and cooling of the institution.

- 2. **Staffing:**
 - a. Do you have any critical staff shortages?
Our Personnel department reports a critical staff shortage in the area of Correction Officer Is. The average hiring is at least 5 COIs every month which creates deficits in the staffing of the shifts.

 - b. What is your average vacancy rate for all staff and for custody staff only?
All staff average vacancy rate is 5.3, Custody average per month is 4, Non Custody average per month is 1.3.

 - c. Does staff accrual or usage of comp-time by staff effect your management of the institution?
The accrual and usage of comp-time is difficult to manage as an effective balance is tricky to achieve. Administrative pressure to alleviate overtime or use comp-time causes a shift/institution to staff at the minimum levels. When the number of staff on site is increased to achieve goals outlined by administration, comp-time is also increased by default.

 - d. What is the process for assigning overtime to staff?
The assignment of overtime to staff is done on a voluntary and mandatory basis which is governed by Procedures/Post Orders. One determines the need for a staff member to accrue overtime based on the minimum staffing needs of the shift/institution. If the shift is below minimum staffing, staff would need to volunteer to fill vacancies until the minimum staffing is met/achieved. If there are no volunteers, staff is mandated to stay and accrue comp-time based upon the mandatory overtime list until the minimum staffing is met/achieved.

 - e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? **Custody estimation would be 75% is paid off and 25% is utilized due to the fact that we do not have the staffing to allow the custody staff to take off. Non-custody estimation would be that most (95%) are allowed to utilize their comp time.**

 - f. Is staff able to utilize accrued comp-time when they choose?
Unfortunately for custody NOT usually due to staffing. Non-custody does seem to be able to utilize their comp time.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?

GP: 334 students enrolled (52%), 345 seats available, 97% seat utilization, 306 students on waiting list. As of December 31st, 2011.

Department FY Progress data & numbers served as of June 30th, 2011

FY Served	FY Gain	Reading	Math	Language
FY06	469	381 (81%)	62% 3.4	75.3% 3.7
FY07	449	361 (80%)	58.4% 3.5	72.6% 3.7
FY08	465	354 (76%)	57.2% 3.4	67.5% 3.6
FY09	615	265 (43.2%)	15.0% 1.7	30.1% 1.2
FY10	473	353 (74.6%)	58.1% 10.2	66% 12.1
FY11	574	242 (42.2%)	11.8% 1.3	13.8% 1.1
				17.4% 1.9

This chart shows the number of students who passed through our school during the fiscal year and % of those who showed grade level gains in each required subject area.

RD: 5 inmates earned their GED last year. They were not students. They were tested without being enrolled in school. It was the first year for GED testing on the diagnostic side.

- b. How many (and %) of inmate students earn their GED each year in this institution?

ERDCC

Department GED FY data

Tested	Pass	Fail	Sessions	%
FY 06	36	33	3	5
FY 07	74	60	14	7
FY 08	55	47	8	9
FY 09	49	31	18	8
FY10	82	55	27	11
FY 11	59	49	10	11
				83%
	355	275	80	51
				79%

GED earned by age	17-22	FY08 8	FY09 7	FY10 6	FY11 8
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- c. What are some of the problems faced by offenders who enroll in education programs?
- **Our offenders have low functioning math skills and/or low skills in written expression.** Some remedies to this are to provide math pre-tests, advance core curriculum development in math and focus on calculator skills; establish writing portfolios and writing assignments at all grade levels; professional development for offender tutors and academic teachers in best practices.
 - Some offenders do not see the urgent relevance or need in obtaining their GED or in the curriculum material itself. Some remedies are one-on-one meetings by staff committee with offenders who are unmotivated or unwilling to participate. Staff development on relevancy and adult classroom material.
 - Many offenders exhibit learning disabilities for adult learners over the age of 22. Some remedies are to perform staffing on each offender who is identified as having a learning difficulty to determine if a learning disability exists and to ensure all documentation is current in order to request the appropriate accommodations for each individual learner.

Currently, education does not offer programs on the diagnostic side.

Education is actively seeking ways to better serve offenders in diagnostic status. Our efforts to allow offenders to earn a GED while in diagnostic status have been shared with other diagnostic centers with encouragement to implement similar programs. Currently we are working to find the best way to offer Workplace Essential Skills to offenders on the diagnostic side.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?
ERDCC does not provide substance abuse treatment, but we did initiate a substance abuse education program called Living in Balance. It is a 12 week, evidence-based curriculum developed by Hazelden, which is facilitated by classification staff. Our first class started in July 2011.
- b. How many beds are allocated to those programs?
The education class is not bed-based so no beds are allocated.
- c. How many offenders do those programs serve each year?
Since we started in July, 40 offenders have taken the classes.
- d. What percent of offenders successfully complete those programs?
73% have completed. Those discharged were due to segregation assignment for protective custody concerns, rule violations, or were due to transfers as a result of custody level reductions.
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? **The only challenge we have encountered with providing Living in Balance is that it must compete with other re-entry programs for limited classroom space.**

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution? **ERDCC does not offer any vocational education programs**
- b. How many offenders (and %) participate in these programs each year? **N/A**

- c. Do the programs lead to the award of a certificate? N/A
 - d. Do you offer any training related to computer skills? N/A
6. Missouri Vocational Enterprises:
- a. What products are manufactured at this institution?
A complete line of janitorial, laundry, kitchen and personal care products are manufactured at ERDCC. We also manufacture corrugated cartons.
 - b. How many (and %) of offenders work for MVE at this site?
Twenty-Six (26) offenders are employed, representing 2% of offender workers available at ERDCC.
 - c. Who are the customers for those products?
State agencies, institutions, city and county governments, political subdivisions, state employees, not-for-profit organizations and other tax supported entities.
 - d. What skills are the offenders gaining to help them when released back to the community?
Work place essentials skills, including manufacturing procedures, production techniques, quality control, inventory control, cost control, work place safety, shipping and receiving. They are also obtaining applicable work skills and habits. Some positions qualify for the U.S. Department of Labor's Apprenticeship Program.
7. Medical Health Services:
- a. Is the facility accredited by the National Commission on Correctional Health Care?
No. ERDCC has applied for initial accreditation and is waiting on a survey date.
 - b. How many offenders are seen in chronic care clinics?
There are approximately 1852 offenders enrolled in chronic care clinics at ERDCC. The most common chronic illness is Cardiovascular, with 633 offenders currently enrolled, and the second most common is Hepatitis C, with 241 offenders currently enrolled.
 - c. What are some examples of common medical conditions seen in the medical unit?
Routine illnesses seen in the medical unit include minor to severe infections, skin conditions, wounds and chronic back pain. Common emergency situations include chest pain, seizures, asthma attacks, sports related injuries and lacerations.
 - d. What are you doing to provide health education to offenders?
Health education is provided to offenders through annual offender health fairs, through chronic care clinics, and through routine nursing sick calls. Health education pamphlets are also available in the health care department. Additionally, new offenders received at ERDCC are provided with oral and written education in their Reception and Orientation and Reception and Diagnostic packets.
 - e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? If so, how did you respond? **Yes, one case. If an offender is considered to be infectious, our protocol includes placement in a Negative Air Flow Isolation Room in the Transitional Care Unit until no longer infectious. During that time, the patient will begin anti-tubercular medication therapy and sputum cultures will be obtained. Each case is reported to the Missouri State Health Department and all of the patient contacts will be tested. Patients are released from the Negative Air Flow Room only after initiation of their medication regimen and three negative sputum cultures are obtained and documented and a chest x-ray is clear.**
 - f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. **Yes, the aging population affects health care in**

prison. Improved standards in correctional healthcare have led to longer patient life spans. The older the patient gets, the more likely they are to develop age related chronic diseases, thus increasing the demand on all aspects of healthcare delivery. Older patients require special housing facilities, i.e. nursing home style housing units. They increase the demand for healthcare staff to care for them. They also pose increased demand for medications, supplies and specialty care.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? **Offenders receive mental health services by submitting an MSR, referral by staff, or enrollment in the chronic care clinic.**
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? **There have been no successful suicides in the past year. All staff are trained to recognize warning signs of suicide and offenders who exhibit such signs, or make suicidal statements are immediately placed on suicide watch.**
- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **Approximately 18% of the population of offenders at this facility are prescribed psychotropic medications for a mental illness. There are other offenders who take psychotropic medications for non-psychiatric reasons prescribed by a medical doctor, such as for seizures, neuropathy, pain, etc.**
- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **Approximately 480 offenders are currently enrolled in the Mental Health Chronic Care Clinic. These offenders are seen at minimum of once per month by a Qualified Mental Health Professional for assessment and Cognitive Behavioral Therapy and once every 90 days by a Psychiatrist for medication management. In addition, Mental Health Psychoeducational groups are provided for all offenders in General Population as well as a specialized program for offenders in segregation.**

9. What is your greatest challenge in managing this institution?

The mere size and complexity of this institution is a challenge. With more than 2700 offenders and nearly 900 staff, it is a small city with the complexity of a Reception and Diagnostic Center, a level 4/5 general population unit and a minimum security unit within the security perimeter. These dynamics offer unique challenges and opportunities for management. The challenge is enhanced with issues such as managing call outs. FMLA and Leave Without Pay for the staff. In additions, the current economic climate of the nation and revenues of the State of Missouri present unique challenges in managing an institution of this size and operating within the boundaries of current budgetary constraints.

10. What is your greatest asset to assist you in managing this institution?

This institution is very fortunate to have an excellent Administrative Team and a host of hard working, dedicated employees committed to the Department's Mission.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

Poor to Fair

The following list is a complete report on the status of the ERDCC vehicle fleet:

VEHICLE IDENTIFICATION NUMBERS						
LICENSE#	MAKE	CLASS	MILES	YEAR	CONDITION	DOC I.D. #
13-0014	FORD	FULL SIZE SEDAN	83040	2007	at scism being repaired from wreck	245853
13-0122	FORD	FULL SIZE SEDAN	88390	2007	good	245852
13-0248	FORD	FULL SIZE SEDAN	161650	2007	fair/ high mileage	244226
13-0371	INTERNATNL	PASSENGER BUS	49000	2010	good	15552
13-0508	FORD	FULL SIZE SEDAN	90350	2007	good	245851
13-0824	FREIGHTLINER	2 TON FLAT BED	18578	2000	good	237275
13-0826	FORD	DUMP TRUCK	6909	2000	good	237334
13-0827	FORD	DUMP TRUCK	11725	2000	good	237333
13-0829	BLUEBIRD	PASSENGER BUS	238800	2001	fair/rough high miles	238220
13-0860	FORD	FULL SIZE SEDAN	86325	2007	good	243438
13-0862	DODGE	1/2 TON 2WD PICKUP	28391	2002	good	239619
13-0866	CHEVROLET	15 PASSENGER VAN	170610	2002	rough high miles/ uses oil	239691
13-0872	FORD	15 PASSENGER VAN	167300	2003	fair high miles uses oil front end weak	239873
13-0873	FORD	15 PASSENGER VAN	195810	2003	fair high miles uses oil front end weak	239874
13-0874	FORD	15 PASSENGER VAN	XXXXXX	2003	totaled	239875
13-0875	FORD	15 PASSENGER VAN	155590	2003	fair high miles uses oil front end weak	239876
13-0876	DODGE	MINI VAN	174400	2003	fair high miles used for v.p.	239893
13-0877	DODGE	MINI VAN	149190	2003	fair high miles	239894
13-0878	DODGE	MINI VAN	162300	2003	fair high miles used for v.p.	239895
13-0879	DODGE	MINI VAN	173710	2003	fair high miles used for v.p.	239896
13-0880	DODGE	MINI VAN	154300	2003	fair high miles	239897
32-0267	CHEVROLET	UPLANDER VAN	135750	2008	good	135140
32-0276	CHEVROLET	UPLANDER VAN	133600	2008	good	135149
32-0280	CHEVROLET	UPLANDER VAN	153961	2008	good	135141
13-0888	FORD	FULL SIZE SEDAN	154210	2008	good / fair high mileage	244453
13-0890	FORD	F150 1/2 TON PICKUP	29700	2003	good	239933
13-0891	FORD	F150 1/2 TON PICKUP	19109	2003	good	239934
13-0892	FORD	F150 1/2 TON PICKUP	17315	2003	good	239935
13-0893	CHEVROLET	2500 HD 3/4 TON 4WD P/U	29203	2003	good	239977
13-0899	FORD	BOX BED	69029	2003	good	239987
13-0900	BLUEBIRD	PASSENGER BUS	201800	2003	fair/rough high miles	239997
13-0901	FORD	EXPLORER	61700	2003	good	240598

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (**Please have the Major answer**)

The overall level of morale at ERDCC among custody staff appears to be medium. Most of the negative issues impacting morale were things listed as not under the direct control of local supervisors and administrators. The survey indicated a positive local environment. Common concerns were low pay, rising costs of medical coverage and staffing.

13. Caseworkers:

- A. How many caseworkers are assigned to this institution?

General Population: 18 CCMI/IIs, & 2 CCAs

C&A: 2 CCMIIIs, 8 CCMI/IIs, & 1 CCA

R&D: 9 CCMI/IIs

Grievance: 1 CCMII

TOTAL: 2 CCMIIIs, 36 CCMI/IIs, & 3 CCAs

- B. Do you currently have any caseworker vacancies?

One CCMI/II vacancy in C&A due to retirement of Elmer Werley

- C. Do the caseworkers accumulate comp-time?

Due to budget constraints, comp time is not approved. However, staff may flex the time off later in the week if necessary.

- D. Do the caseworkers at this institution work alternative schedules?

All work five 8-hour shifts, but start end times range between 7:00am-4:30pm, Mon-Fri.

An exception was made for one CCMI/II, who works four 10-hour shifts to accommodate his college internship.

- E. How do inmates gain access to meet with caseworkers? **Open office hours are held daily. The adseg case managers do rounds every day.**

- F. Average caseload size per caseworker?

- # of disciplinary hearings per month? **GP: 96 R&D: 210 violations/154 formal hearings**
- # of IRR's and grievances per month? **2280 IRRs 942 Grievances**
- # of transfers written per month? **GP: 47 R&D: 411**
- # of re-classification analysis (RCA's) per month? **GP: 2516 R&D: 454 ICAs**

- G. Are there any services that you believe caseworkers should be providing, but are not providing?

None at this time

- H. If so, what are the barriers that prevent caseworkers from delivering these services?

None at this time

- I. What type of inmate programs/classes are the caseworkers at this institution involved in?

Inside Out Dads, Impact of Crime on Victims, Story Link, Pathway to Change, Anger Management, Employability Skills/Life Skills, Living in Balance, Puppies for Parole (63 dogs trained and adopted out through our MOU with Diana's Grove)

- J. What other duties are assigned to caseworkers at this institution?

Assisting with the yearly internal security audits, update offender management plans (TAPS), review offender program plans following administrative segregation releases, serve on segregation hearing committees, assist with clothing/laundry/and legal mail issues, receive/process visiting and food visit request forms, receive and review incentive housing application requests, direct and monitor the Puppies for Parole program activities, receive and validate Qualified Legal Claim forms, assist offenders with telephone and Canteen kiosk issues, receive requests for information from family members and supervisory staff, answer offender correspondence, make pertinent electronic chronological log entries, assist custody staff with escorts/searches/security checks, and arrange/monitor special phone call requests.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? **11**

- B. Do you currently have any staff shortages? **No**

- C. Do the parole officers accumulate comp-time?

Yes, the parole officers at ERDCC do accumulate comp-time on occasion. Generally, this only happens when they attend training or meetings away from the institution or travel to another institutional parole office to assist them.

- D. Do the parole officers at this institution flex their time, work alternative schedules?
Yes. We encourage staff to flex their time during the FLSA workweek as necessary to best assist offenders and ERDCC staff.

- E. How do inmates gain access to meet with parole officers?
Parole officers meet with R&D offenders in staff dining every day during the morning hours, by utilizing the lay-in process. Parole Officers meet with GP offenders every day in the afternoon hours in their respective housing units. If offenders are in PC, Ad Seg, Medical or must be seen ASAP, officers go to the housing units to see them.

- F. Average caseload size per parole officer? **230**
 - # of pre-parole hearing reports per month? **98**
 - # of community placement reports per month? **7**
 - # of investigation requests per month? **94**

- G. Are there any services that you believe parole officers should be providing, but are not providing?

A few parole officers at ERDCC have completed the Pathways to Change facilitator training and are available as needed. Staff have also attended training for the MRP/TAP and will assist in whatever way the institution wishes to utilize them. They are also involved in the orientation program for new offenders.

- H. If so, what are the barriers that prevent officers from delivering these services?

The administration/staff at ERDCC work very well with parole staff.

- I. What type of inmate programs/classes are the parole officers at this institution involved in?
Parole officers are involved in the Friends and Family Orientation Program, Employability Skills/Life Skills Classes, Pathways to Change and MRP/TAP and a Pre-release Program for offenders that are within 4 months of their projected release date. Offenders are shown a film that is designed to help them to be successful on supervision when released. Parole officers are available to answer any questions the offenders may have regarding a successful release on parole.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. **We continue to strive for innovative methods to maintain our fiscal responsibility during the current budgetary climate.**

16. Does your institution have saturation housing? **No** If so, how many beds? **N/A**

17. Radio/Battery Needs:

- a. What is the number of radios in working condition?
We have 490 radios in good working condition
- b. Do you have an adequate supply of batteries with a good life expectancy?
In January 2011 we purchased 125 batteries
In April 2011 we purchased another 200 batteries
In July of 2011 we purchased 100 batteries
And in November 2011 there was an additional 25 batteries purchased

Making this a total of 450 batteries for the year 2011, the manufacturer says the batteries are good for 1 year with that said at this time we would have approximately 325 batteries with a decent life expectancy. Note: If batteries are not properly cared for the life expectancy would be greatly reduced, i.e over charging and if they receive damage to clips while trying to be installed.

We do have more batteries than is listed above but their life expectancy cannot be determined.

- c. Are the conditioners/rechargers in good working order?

Yes, all conditioner/rechargers are currently in good working order

Joint Committee on Corrections 2012

Information for Legislative Institutional Visits

Facility Name: Farmington Correctional Center				
Custody Level	C-4		Warden	Tom Villmer
Total Acreage	350		Address	1012 W. Columbia
Acreage w/in Perimeter	115			Farmington, MO 63640
Square Footage	117359		Telephone:	573-218-7100
Year Opened	1986		Fax:	573-218-7110
Operational Capacity/Count (as of January 15, 2012)	2693/2635			
General Population Beds (capacity and count as of January 15, 2012)	1770/1738		Deputy Warden	Mike Gann Ext. #203
Segregation Beds (capacity and count as of January 15, 2012)	173/168		Deputy Warden	Tami White Ext. #206
Treatment Beds (capacity and count as of January 15, 2012)	354/334		Asst. Warden	Bill Bowyer Ext. #395
Work Cadre Beds (capacity and count as of January 15, 2012)	N/A		Asst. Warden	Bob Peura Ext. #400
Diagnostic Beds (capacity and count as of January 15, 2012)	N/A		Major	Jim Gober Ext. #251
Protective Custody Beds (capacity and count as of January 15, 2012)	N/A			
MOSOP (capacity and count as of January 15, 2012)	276/276			
Mental Health (capacity and count as of January 15, 2012)	120/119			

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?

Assessment of the overall condition of FCC's physical plant is poor to fair, and what is to be expected at this point considering the age of the components.

- b. What capital improvement projects do you foresee at this facility over the next six years?

There were no capital improvement projects slated or funded for FY11. The only projects that were on-going in 2011 were the HU #25 chiller project and the FCC well project. These were carryovers from FY10 monies. MS II Chuck Campanelli complied a list of the most serious areas of concern at FCC and it was submitted to Office of Administration

management on July 7, 2009. Any and all of these should be considered a needs for consideration for capital improvement project status.

Well #1 will not run due to lack of communication from well to Power Plant control system. Efforts to repair the issue have failed; the well can be run manually but still does not communicate and can not be placed fully on line.

Water tower needs to be brought up to DNR code, interior coating and exterior maintenance, including adjustments to the windage rods.

Electrical switch gear located by building #21 inoperable and needs replaced/repaired. This prevents us from redirecting power during outages or emergencies resulting in large scale outage in the camp and the use of portable generators, if they can be located.

Building #20 A-Chapel roof replacement, there are shingles missing and decking showing causing multiple roof leaks. Scheduled for repair

Parking lot lighting is in need of an update as the parking lots have been expanded but no additional lighting added.

Southwest wall of building #14 wall is bulging; the condition of this wall continues to deteriorate adding to the threat of collapse, which is a safety hazard.

Emergency generator for Main Production food service area, this area has no emergency back-up power making it extremely difficult to prepare food during extended outages and creates unsafe working conditions for staff and offenders.

Building #30/Drum building all air handlers need replaced, they are beyond their expected working life, confirmed by VFA.

Building #28 roofing needs replaced. Roof material is dry and brittle; walking across roof to make repairs often results in creating more leaks. Scheduled for repair this summer

Building #11/Administration, roof material is aged and dried out; it is past its expected life span and is in need of total replacement. Scheduled for repair this summer

Buildings #18 and #19 heating systems extensive repairs, replacement with air handler systems recommended, aged leaking water systems in walls make repairs difficult, time consuming and costly. Many of the radiator type wall units have been piped through to eliminate leaks greatly reducing effectiveness of the units and the system.

Building #14/Main Production roof top freezer units are old and failing, they need replaced.

Housing Units #6-#9 (B-Side) rooftop HVAC units need replaced, VFA confirmed units are well beyond their expected service life.

Building #29 two roof top HVAC units need replaced, these units are especially old and in constant need of repair, VFA also confirmed need to replace.

Cottage Row buildings need wood trim repairs/replacement, this requires a Genie lift, unsuccessful requests have been made to Heavy Equipment for the loan of a lift during seasons when weather permits work to be done. We realize that they only have so many lifts to go around; however this work is critical to the life of the structures. Partial complete

Building #29, #30 and #31 needs extensive tuck pointing, rain water infiltrating the walls make it impossible to maintain interior walls and continues to deteriorate and weaken the infrastructure.

Utility Tunnel between Building #10 and #30 roadway surface/tunnel roof deteriorating creates concerns of collapse of the tunnel. This has been shored up with steel until a permanent fix can be scheduled and funded.

Building #34 Power Plant, the penthouse parapet wall needs tuck pointing. Brick wall is visibly leaning and is close to failure.

Old power plant smokestack needs demolished; bricks and brick facades are falling from the stack now and should this smokestack even partially collapse the effects could be catastrophic, especially since this building is manned 24 hours a day.

Road surfaces are in very poor condition and need to be replaced/resurfaced; perimeter roads as well as roadways within the institution. These conditions can damage equipment, slow vehicular traffic during emergencies and create tripping hazards for offenders and staff alike.

Del Norte security fence system, Southwest Microwave (sole source supplier) has advised they can no longer guarantee parts availability after January 01, 2010. During our latest conversation with them they informed us they will no longer make cable assemblies for this system and other components are already difficult to find. Any major breakdown to the system due to lightning, etc. could create a long-term security breach for the institution.

The tuck pointing that is listed should be considered a partial listing only. Each month, year, etc that goes by only adds more areas to the list of buildings that are in need of this care. In order for the interior of a building to be kept in the best possible condition, the outside of the structure must be kept sound and safe from the elements. The most serious problem relates to the need of many of FCC's buildings needing new roofs.

c. How critical do you believe those projects are to the long-term sustainability of this facility?

All the areas of our concerns listed are vital to the long-term sustainability of this facility. These critical issues will be addressed by OA as funds become available.

2. Staffing:

a. Do you have any critical staff shortages?

All staff shortages are critical.

b. What is your average vacancy rate for all staff and for custody staff only?

FCC MONTHLY VACANCIES
Fiscal Year 2011

<u>MONTH</u>	<u>YEAR</u>	<u>CUSTODY</u>	<u>NON-CUSTODY</u>
July	2010	4	4
August	2010	2	2
September	2010	4	2
October	2010	9	3
November	2010	3	5
December	2010	4	3
January	2011	3	4
February	2011	2	2
March	2011	2	3
April	2011	10	2
May	2011	1	1
June	2011	7	2

FCC Vacancies as of January 31, 2012

Class Title

OSA (K) – FTC

Service Manager I – MVE

Corrections Supervisor I – FCC

Corrections Officer I (3) – FCC

Corrections Officer II – FCC

Corrections Case Manager II

Cook II

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?

Yes, it limits us from using certain staff to cover posts when needed.

- d. What is the process for assigning overtime to staff?

Ask for volunteers, and then use a mandatory list if necessary.

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? **The average is 20% taken and 80% paid.**
- f. Is staff able to utilize accrued comp-time when they choose?

Supervisors make every effort possible to approved compensatory time off at the staff member's choosing. There are instances when the request has to be denied due to having to fill all mandated custody posts, as not to jeopardize the safety of staff/offender or negatively affect the security of the institution. If this situation arises, efforts are made to accommodate the staff members by approving the time off or another date of the officer's choosing.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?

474 Offenders are currently enrolled in school. This is approximately 80% of the offenders who need education. 100% seat utilization cannot be completely achieved at this time due to special classes that do not fill some classrooms to seating capacity and the unequal distribution of offenders needing education services on each side of the facility.

- b. How many (and %) of inmate students earn their GED each year in this institution?

110 Offenders earned their GED in 2011. Approximately 22.5%

- c. What are some of the problems faced by offenders who enroll in education programs?

Crowded classrooms, offenders not able to attend due to other commitments. Extreme temperatures causes problems with attention and cooperation in classrooms and at times classes have to be suspended for short periods due to heat advisories. Building repairs/upgrades could remedy this problem. At times it may become necessary to place an offender on a waiting list due to the exclusivity of sides at FCC. The classroom size in relation to the pupil-teacher ratio precludes individualized instruction to those students displaying low literacy skills or special educational needs for offenders over age 22. The electrical load for a classroom that includes computers is too much for the current wiring of this building. Care must be taken when plugging in additional items that the breakers do not overload.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?

Farmington Treatment Center (FTC)

Farmington Intermediate Treatment Program (FITP)

Long-Term Treatment Program (LTP)

- b. How many beds are allocated to those programs?

Farmington Treatment Center (FTC) has 195 beds

Farmington Intermediate Treatment Program (FITP) has 130 beds

Long-Term Treatment Program (LTP) has 30 beds. Long-Term offenders are housed in general population settings.

- c. How many offenders do those programs serve each year?

Farmington Treatment Center (FTC) - 790 Offenders

Farmington Intermediate Treatment Program (FITP) - 260 Offenders

Long-Term Treatment Program (LTP) - 35 Offenders

- d. What percent of offenders successfully complete those programs?

Farmington Treatment Center (FTC) - 87%

Farmington Intermediate Treatment Program (FITP) - 87%

Long-Term Treatment Program (LTP) - 96%

- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?

Both treatment DAI staff were polled and they said the following were problems:

The different chains of command and a different emphasis on the missions. The Warden at this institution is responsible for dozens of people he does not supervise. The treatment staff members need to satisfy both the administration at the institution and their supervisors who are normally off site, occasionally receiving contradictory directives.

While everyone agrees security is the primary mission, treatment often requests more flexibility. Also, most prison staff members have been trained in a role that was primarily custodial. Treatment demands more involvement and the transition is difficult for many, especially without specialized training.

In an ideal treatment setting, those receiving treatment would be isolated from others. This is not practical for many treatment units.

Finally, the prison regimen (counts, appointments and meals) is often difficult to schedule around.

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution?

Computer Literacy

- b. How many offenders (and %) participate in these programs each year?

Projected number of 45-60 offenders participate each year.

- c. Do the programs lead to the award of a certificate? **Yes**

- d. Do you offer any training related to computer skills? **Yes, computer literacy class**

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?

Laundry provides laundry and dry cleaning services for a variety of sources. MVE Laundry also designs and builds laundry carts. The Clothing Factory manufactures the following items: Aprons, offender work coats, jackets, Q/L jackets, coveralls, work pants, Battle Dress Uniform, shirts and pants, oven mitts, tube socks (bleached by FCC Laundry), laundry bags, laundry cart liners, mop heads, pillows, foam core mattresses, inner-spring mattresses, mattress covers, shower curtains, cylinder lint bags, caseworker bags, and mail bags.

- b. How many (and %) of offenders work for MVE at this site?

Laundry employs 219 offender workers at this time, but has the capacity to employ 240. At the Clothing/Mattress Factory, 100 offenders are currently employed. This equates to

approximately 8.2% of the total offender population. We are capable of having 60 offender workers at one time in the Mattress Factory.

c. Who are the customers for those products?

Laundry customers are as follows: St. Joseph East (St. Charles), DePaul, St. Mary's, Cardinal Glennon Children's Hospital, St. Joseph West (Lake St. Louis), St. Joseph North (Kirkwood), St. Joseph Medical Park, Ste. Genevieve County Memorial Hospital, Parkland Health Center, FCC (laundry and dry cleaning), ERDCC (dry cleaning), PCC (dry cleaning), SECC (dry cleaning), and Park Hills and Farmington Police Department (dry cleaning). The Clothing Factory has several different customers that we deal with. The Department of Corrections is the main customer. All orders are taken at the sales office in Jefferson City. Other customers include state hospitals, police departments, fire/ambulance districts, colleges and universities. Offenders are able to purchase clothing items through the MVE basic catalog. Other customers include state employees.

d. What skills are the offenders gaining to help them when released back to the community?

Laundry: Offenders gain a sense of good work ethic and responsibility with employment in a large-scale factory. Offenders learn a number of different skills and job experiences, which include: Operating large commercial size washers, dryers, flat work irons and dry cleaning equipment. Some offenders have gained experience in personal computer data entry, fundamental record keeping, filing and inventory control. MVE Laundry also has a reliable maintenance department, which provides hands-on training on this commercial laundry equipment.

Computer Literacy is a five-step format for the general knowledge of a computer: (a) Computer basic; (b) Windows, Works; (c) Numbers; (d) Web. The other program is Work Place Essential Skills Literacy Link. This program helps develop skills involving employment such as: Finding a job, keeping a job, interviewing techniques, resumes, application skills, and communication skills. MVE Laundry is currently in coordination with the Department of Labor (DOL) on an apprenticeship program. There are approximately 50 job occupations listed under this program for offender workers. To enter this program an offender completes an application. The appropriate DOL occupational title is assigned, along with the total of accumulated working hours under this occupation, and then sent to DOL toward an apprenticeship certificate. The number of hours required for an apprenticeship certificate is determined by the occupational title.

Clothing Factory: There are different skills obtained, such as cut patterns, inspect and package item's, and they learn responsibility for handling the tools that they check out. The offenders take great pride in the work they do. They are awarded with certificates after obtaining 2,000 hours of work.

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? Yes
- b. How many offenders are seen in chronic care clinics? Approximately 1480 per month
- c. What are some examples of common medical conditions seen in the medical unit?

Orthopedic injuries including fractures, gastrointestinal complaints, back pain and diabetes.

- d. What are you doing to provide health education to offenders?

Corizon holds an annual health fair for the offenders; there are pamphlets and teaching material that medical staff give to offenders. All patients receive individual counseling either during a nursing sick call or chronic care visit.

- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? **No**
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain

Yes, the amount of geriatric offenders is increasing in the prison population; with aging offenders newly incarcerated and offenders who have been incarcerated going through the aging process as well as due to the length of time spent incarcerated. These offenders have more medical problems, issues and complaints than when they were younger. A lot of these aging offenders develop problems with mobility, hearing, vision, eating, gastrointestinal problems and developing or worsening of chronic health problems.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?

When offenders arrive at FCC, they are seen by the transfer/receiving nurse in medical. The nurse provides all offenders with a pamphlet explaining what types of services are offered by mental health and how to access those services. Offenders may file a medical services request form to speak with a mental health counselor. Sometimes Classification or custody staff may refer offenders that have demonstrated changes in behaviors or symptoms of mental illness. Additionally, while offenders are in the administrative segregation housing unit, a qualified mental health professional conducts ad seg rounds. The purpose of the rounds is to find out what the offender's mental health needs are and ensure their needs are addressed.

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

FCC has not had any successful suicide attempts in the past year. However, we had an unsuccessful serious suicide attempt during the past year. Offenders that are placed on suicide watch are seen daily by Mental Health professionals to evaluate the risk of self harm. Additionally once the offender is released from suicide watch, they are seen for a follow up appointment within two weeks. During monthly mental health appointments, offenders are asked if they are having any thoughts of suicide and are assessed for suicide risk each time they are seen by mental health staff. Offenders that are not involved in the mental health clinic and demonstrate signs of depression or suicide are frequently referred to mental health by custody or classification staff.

Additionally, Mental Health Staff provide suicide prevention training to DOC employees while they are in annual recertification class. DOC staff are trained on what types of behaviors to watch for and what to do if they suspect an offender may be having thoughts of suicide.

- c. Approximately how many (21%) of the offenders in this institution are taking psychotropic medications?

At FCC, we have approximately 419 offenders that are prescribed psychotropic medications. 325 of those are in general population or Farmington Treatment Center and 94 are assigned to Social Rehabilitation Unit.

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

At FCC, there are approximately 472 offenders in the mental health chronic care clinic. Of those 306 are living in general population, 48 are assigned to Farmington Treatment Center and 118 of those assigned to the Social Rehabilitation Unit and Correctional Treatment Center. Offenders assigned to Social Rehabilitation Unit or Correctional Treatment Center are typically considered chronically or seriously mentally ill. However, there are offenders who live in general population and FTC who are considered chronically or seriously mentally ill. To give an exact number of how many of those offenders are considered chronically or seriously mentally ill would be a difficult task. Many of the more serious mental illnesses are cyclical. The impact of the mental illness may vary depending on the severity of the symptoms at any given point in time.

9. What is your greatest challenge in managing this institution?

Staff issues, followed closely by physical plant and budget constraints are our greatest challenges. The greatest challenge for custody in managing this institution is ensuring the security of the institution and the safety of the staff and offender population is maintained at an acceptable level by providing/assigning custody staff to all areas of the institution 24 hours a day, seven days a week. This is largely affected by custody staff on extended sick leave, light duty requirements, or continued medical problems covered by FMLA. The next greatest challenge is the buildings of the institution, some that are almost 100 years old and require a large amount of maintenance. With the budget restraints it has become increasingly difficult to keep up with the required maintenance in all areas.

10. What is your greatest asset to assist you in managing this institution?

The highest quality of staff is our greatest asset. FCC is truly blessed with high quality staff members who have many years of corrections experience. These same staff members have a willingness to mesh with all work sections to reach a common goal. The FCC staff are motivated, conscience, and have strong work ethics.

11. What is the condition of the facilities' vehicle fleet? (Mileage, old vehicles etc?)

FCC's Transportation fleet consists of 4 pool vehicles, 5 screened vehicles, 2 property/mail vans, 2 transport vans (1 dog team and the other a 7 passenger), 4 vehicle patrol/hot spot vehicles, and 2 buses for a total of 19 vehicles. Of these 19 vehicles, 1 screened transport vehicle has been deadlined due to major transmission repairs needed, 1 screened transport vehicle needs transmission repair, 2 screened transport vehicles have over 150,000 miles and 1 one property/mail van has over 150,000 miles. The remaining 14 vehicles assigned to the transportation fleet are road worthy and have been mechanically reliable with the standard preventative maintenance done (ie oil changes, wiper blades, tires, etc). Jeff McComber, Garage Supervisor is in agreement with this assessment.

The remaining vehicles used at FCC are under the direction of the Office of Administration.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (**Please have the Major answer**)

Custody staff morale is often spoken of as being low but in reality it depends on when the question is asked. Custody officers complain routinely of disparity in the way they are treated. When asked for specifics they are reluctant to give a straight answer. However it seems there are several factors impacting morale negatively. To get the officers to open up I asked a couple of questions then I asked them to elaborate on their responses.

1. On a scale of 1 to 10 where would you rate the morale of the custody staff at FCC? I got answers from 2 to 6 or 7.
2. In your opinion, what is the single greatest factor affecting morale? Every officer indicated the lack of raises, reduced insurance, higher premiums and staffing reductions are the foundation for poor morale. Most officers have had their duties increased without as much as a, "Thank you." Officers routinely check other states to see what is happening with their counterparts' benefits. They see better benefits elsewhere and want to know why we can't get an explanation for all of the reductions. The officers feel Central Office and the General Assembly aren't in touch with what is going on in Corrections. There were also individual opinions of why morale is poor:
 - a. Inconsistent or non-existent supervision was next on the list. This area has the greatest impact on morale.
 - (1) The officers I polled complained of supervisors who told them to "just get along" when the employee complained of personal conflicts with co-workers.
 - (2) Officers complained of inconsistent supervision between the Unit Managers and Custody Supervisors.
 - b. Officers feared retaliation or being belittled by supervisors when they would ask a question.
 - c. Officers are angry about late relief. Day after day officers report to their post late and nothing is done.
 - d. Officers complained about the employees who are constantly using unscheduled leave and nothing happens to them.

- (1) The officers who use the unscheduled leave claim they do it because they don't like their supervisors and they do it to get back at them when in reality they are hurting their co-workers.
- (2) Officers complained of favoritism when seeking time off.
- e. Officers complained of supervisors who would sneak around trying to find something wrong rather than tell them how to do it right. This issue was mentioned by almost all of the officers I polled. They are tired of "Getting their necks stepped on".
- f. Officers complained of being rated in their PERforM by supervisors who had never worked with them and did not know them.
- g. Officers complained of never getting positive log entries.
- h. One officer complained that the Major was not connected with his Captains and Lieutenants. He went on to explain that these supervisors act differently when the Major is gone.

I believe morale is based on perceived notions rather than the truth in a lot of cases. It doesn't matter what the truth is what matters is what the staff believe to be the truth. I am not denying any of the issues stated above but I can address and try to correct the supervisory issues listed above. The one issue that must be addressed not just at FCC but Department wide is communication. By this I don't mean emails and IOC's but rather face to face speech where both parties talk to each other and listen to each other.

13. Caseworkers:

- A. How many caseworkers are assigned to this institution?

**28 total Corrections Casemanager I's and Corrections Casemanager II's for DAI and
6 total Corrections Casemanager II's and Corrections Casemanager III's for DORS**

***DAI – Division of Adult Institutions**

****DORS – Division of Offender Rehabilitative Services**

- B. Do you currently have any caseworker vacancies? Yes

- C. Do the caseworkers accumulate comp-time? Only the DORS CCM III's.

The DORS Casemanager III's who work four, 10-hour work days per week do accumulate compensatory time if a holiday falls on their regular day off during the work week. They are also allowed to use it to take time off.

- D. Do the caseworkers at this institution work alternative schedules?

Casemangers work a set schedule each week. DAI Casemangers work five, 8-hour days, Monday through Friday, and some DORS Casemangers work four, 10-hour days. Staff members modify their schedules to meet institutional needs.

- E. How do inmates gain access to meet with caseworkers?

Casemangers have scheduled office hours (2-hours during the morning and another

2-hour period in the afternoon) that they are available to meet with offenders. These times are posted for offender review. The Casemanagers are available either in their office, in the housing unit, or in the Casmanagers office in the classification pod.

- F. Average caseload size per caseworker? **Approximately 110**
- # of disciplinary hearings per month? **Approximately 35 per Casemanager**
 - # of IRR's and grievances per month? **25 IRR's and 6 grievances per Casemanager**
 - # of transfers written per month? **Approximately 8 per monthly average per Casemanager**
 - # of re-classification analysis (RCA's) per month? **Approximately 30 per Casemanager**

Are there any services that you believe caseworkers should be providing, but are not providing?

No.

- G. If so, what are the barriers that prevent caseworkers from delivering these services?

Not Applicable

- H. What type of inmate programs/classes are the caseworkers at this institution involved in?

Re-entry Process, Reception and Orientation, Substance Abuse, Work Release, Restorative Justice, Impact of Crime on Victims, Pathways to Change, Anger Management, and Inside Out Dads.

- I. What other duties are assigned to caseworkers at this institution?

Compiling offender reports (progress, inter-office communications), maintaining/reviewing offender files, arranging housing assignments, monitoring offender interviews, conducting investigations, developing offender contracts, auditing offender property, conducting safety/security inspections, issuing conduct violations, providing offender instructions, dispensing/reviewing offender forms, processing offender requests, facilitating individual growth (self-help programs, counseling), providing notary services, processing critical illness and death notifications, attend staff meetings, performing special assignments (conducting tours, performing committee work, managing supply inventory, conduct classification hearings, protective custody administrative segregation reviews), and periodically acting as Functional Unit Manager, visiting application processing, office hours, job changes, room changes, coverage of library, searches, coverage of other areas in the institution, training, orientation, trainers and other duties established in IS 1-1.2.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? **11 PO's, 1 POIII**
- B. Do you currently have any staff shortages? **No**
- C. Do the parole officers accumulate comp-time?

Yes but it is very infrequent and they are encouraged to flex it out during the same week if workload permits.

- D. Do the parole officers at this institution flex their time, work alternative schedules?
Yes to both with prior approval from supervisor.

E. How do inmates gain access to meet with parole officers?

GP officers have “open office” hours at least two times per week so that offenders can come in and ask questions. The office is open for one hour during each of these periods. For those in Ad. Seg., the officers would go to the housing unit to meet with the offender. For the most part, offenders assigned to the THU or treatment programs meet with their officer in those housing units either during open office hours, via a written request to see the officer, or the officer goes on the wing during the offender’s free time and answers any questions.

F. Average caseload size per parole officer?

This depends on whether assigned a treatment caseload or general population caseload. For GP, the average caseload would be around 510, the THU officer would average 200, and treatment would vary between 50-65.

- # of pre-parole hearing reports per month? **75**
- # of community placement reports per month? **50**
- # of investigation requests per month? **125**

G. Are there any services that you believe parole officers should be providing, but are not providing?

There are not necessarily services they should be providing, but there are services that should have more involvement from the officer, such as re-entry and TAP development.

H. If so, what are the barriers that prevent officers from delivering these services?

The main barrier is workload being such that it does not allow time for significant involvement in the above areas.

I. What type of inmate programs/classes are the parole officers at this institution involved in?

Treatment officers conduct groups/classes for counselors if they are in need of assistance and workload permits. We have three officers that conduct orientation for treatment inmates on a weekly basis. We have an officer involved in Free and Clean presentations for treatment. Although not a program or class, we have an officer who screens inmates for Project Reach and Release to Rent and insures personal interviews are conducted between the offender and program staff at those facilities. We also have two officers who present a Pre-Release class, two time per month, for offenders nearing release (within two months).

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

The interpretation of FMLA and suspected abuse of its provisions continue to be a struggle for us.

The Maintenance positions are now under Office of Administration which continues to create management issues when it comes to managing the Maintenance staff, disciplinary and grievance issue resolutions.

The ability to get the aging buildings and grounds repaired due to budget restraints.

16. Does your institution have saturation housing? If so, how many beds?

FCC does not have saturated housing at this time. A plan has been submitted to the Division of Adult Institution, Central Office, a few years ago concerning the possible use of saturation housing at FCC, if needed, in the future.

17. **Radio/Battery Needs:**

- a. What is the number of radios in working condition? **420**
- b. Do you have an adequate supply of batteries with a good life expectancy? **Marginal**
- c. Are the conditioners/rechargers in good working order? **We are waiting for a radio change this year and are not replacing batteries in anticipation of this change.**

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Fulton Reception and Diagnostic Center				
Custody Level	Maximum		Warden	Alan R. Earls
Total Acreage	132		Address	1393 Highway O
Acreage w/in Perimeter	60			Fulton, MO 65251
Square Footage	437,618		Telephone:	573-592-4040
Year Opened	1986		Fax:	573-592-4073
Operational Capacity/Count (as of January 15, 2012)	1302/1423			
General Population Beds (capacity and count as of January 15, 2012)	N/A		Deputy Warden	Michael B. Payne Operations
Segregation Beds (capacity and count as of January 15, 2012)	122/90		Deputy Warden	Dan Redington Offender Management
Treatment Beds (capacity and count as of January 15, 2012)	38/34		Asst. Warden	Billy Dunbar
Work Cadre Beds (capacity and count as of January 15, 2012)	200/196		Asst. Warden	N/A
Diagnostic Beds (capacity and count as of January 15, 2012)	1064/1103		Major	John Douglas
Protective Custody Beds (capacity and count as of January 15, 2012)	N/A			

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?**

The overall condition of the physical plant is fair.

- b. What capital improvement projects do you foresee at this facility over the next six years?**

Replace all twenty-five (25) Backflow Preventers and include a Pressure Reducing valve.
The Variable Facility Assessment (VFA) does not cover this. Due to the high water pressure the city is now providing and the fact that the Backflow Preventers are 20+ years old this needs to be completed in the very near future. FRDC has had to work on many of the backflows over the last five (5) years and it keeps looking worse as time goes by.

Replace roofs on Housing Units 5, 6 and 7 along with the three heat pumps and Housing Unit 18 roof top exhaust fans. HU 5 is by far the worst, having a flat-ballasted roof in which it has been patched many times and is still leaking. This is covered by a number of VFA requirements. The cost for replacing HU 1, 2 and 3 was \$701,000.00; project C0616-0. HU 5 and 6 are being considered for replacement at this time.

Pave existing roads and lots with new asphalt. This is not covered by VFA. Due to all of the changes over the years our road and parking areas have taken a beating. Our existing asphalt paving needs repair and resurfacing. The gravel lots added need pavement applied. All new pavements will require proper striping.

Replace Window Operators and weather stripping in all of Phase I and about 30% of Phase II. This is covered by a number of VFA requirements. A gearbox operates the existing windows. The gears are worn out and the windows require manual removal of the screens and physically positioning the windows in their desired location. The windows all require new weather stripping.

Replace Windows in Control Bubbles (outside) and (Floor). This is covered by a number of VFA requirements. These windows are old and in poor condition. The officers have a very difficult time in viewing anything occurring on the other side. The windows are currently being replaced by a priority list as time and material allow.

Install Seamless wall covering on ALL HU Showers. This is covered by a number of VFA requirements. These showers are of concrete block (filled) construction and then painted. The paint has never bonded to the walls no matter what we have tried. The only solution we have been given is to apply some kind of a seamless covering like stainless or one of these new age products.

Replace Emergency Switch Gear-Electronics. This is covered by VFA requirements. The electronic controls and the main switch are over 20 years old and have had many repairs and adjustments made to it. The time has come to replace with a new up to date model.

Replace PMTN-2 with a New 1500 KW Transformer. This is not covered by VFA. This is our most important transformer for it controls all emergency power, the kitchen, and our boiler room, HU17 & HU18. The load on this unit has increased each time we have made an addition to the point it is reaching 90% load. We have had to repair this unit due to a lightning strike blowing one of the protecting resistors. The safe play would be to correct or organize all of these issues.

Repair/Fix Walks in Phase I (original construction – HU 1, 2, 3 and 4). This is not covered by VFA. These sidewalks have been nothing but trouble to keep repaired. The problems range from construction traffic, weather and water drainage. A major landscaping and drainage control project must address these issues. Then correct all walk issues with new surfacing. To prevent water from entering buildings and/or creating a flood area, an extension of the existing storm sewer system is required. Some sections of walks have been repaired and others will be done as funding allows.

Replace 3 Boilers. This is not covered by VFA. The 3 package boilers rated @ 6.25 Million BTU are nearing their life expectancy. We need to have something included to

cover this issue. All of our inspections are showing only normal wear and tear but these are 1985 model Clever Brook's boilers, which only have a 25-30 year life.

Repair Roof on HU-17 & 18 plus Multipurpose Building. This is not covered by VFA. These buildings roofs have leaked on and off since built in 1995. The specs were supposed to be for a standing seam roof but we got a screwed down instead. We need to replace or apply one of those new spray-on products to seal all screw penetrations. Upgrade computer system in the Control Center and HU 20 as components are no longer available for the DOS based system. Total cost approximates \$150,000. All housing units and Administration outside slider doors need to be retrofitted as parts are becoming less available and the doors are original. There are twenty (20) doors at a cost of approximately \$20,000 each.

c. How critical do you believe those projects are to the long-term sustainability of this facility?

FRDC hopes to use OA-M&R funds to address the Backflow Preventers, pave lots and roads, replace fire doors, replace windows, and repair walks but with the budget we will have to see. We are told that replacing the roofs on HU 5, 6 and 7, along with equipment is on the schedule of OA roofs for the 2010 and 2011 cycle; again, budget. Installing the Muffin Auger is designed and OA is looking for funding now. The window operators are an inconvenience to operations but should be considered for replacement, this would require a capitol improvement. Renovate 64 showers with some kind of seamless covering for sanitation reasons this must be a capitol improvement project. Replacing the Emergency switch gear-electronics and the replacement of PMTN-2 transformer need to be capitol improvement projects. Repairing the roofs on HU-17 & 18 along with the multipurpose building need to be a capitol improvement project. Replacing the 3 boilers and the roof of "C" building will most likely need replacing in 6-8 years.

*****Our most critical issues are the HU roof replacements. The computer system upgrade should be considered a high priority with the roof repairs.*****

2. Staffing:

a. Do you have any critical staff shortages?

Currently we have one Corrections Case Manager III, one Corrections Case Manager I/II, three Cook II and five Corrections Officer I positions that are vacant. In the very near future, we will have two Corrections Officer II employees who are on extended military leave. Our Corrections Supervisor II and one Corrections Officer II position will be vacated due to retirement.

b. What is your average vacancy rate for all staff and for custody staff only?

Our current rate is 2.13% for custody staff. The average vacancy rate for all staff is approximately 4%. Due to the current economy, we have been able to keep most positions filled.

- c. **Does staff accrual or usage of comp-time by staff affect your management of the institution?**

Overtime accrual and usage has always affected the operation of the institution. Balancing the number of staff needed against the staff taking comp-time off, as well as how many staff will be absent for various reasons while maintaining a safe staffing level 24 hours per day, 7 days per week.

- d. **What is the process for assigning overtime to staff?**

Officers are placed on a list that starts with the lowest seniority and whenever anyone is needed, a request for volunteers is announced. If no one volunteers, the officer at the top of the list is mandated to work. Whenever they work two hours or more they are moved back to the bottom of the list. We also use a list for employees to sign up who are willing to work overtime.

- e. **Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?**

Approximately 65% of accrued comp-time is used as time off. During the annual comp time payout for Corrections Officer I/II staff, there was approximately 57% of staff paid. Throughout the year, there are approximately 2% of custody officers that request a comp time payout.

NOTE: Every attempt is made to “flex off” any overtime worked in that same week to avoid comp-time accrual.

- f. **Is staff able to utilize accrued comp-time when they choose?**

We have been able to allow staff to utilize time off when requested the majority of the time.

3. Education Services:

- a. **How many (and %) of inmate students at this institution are currently enrolled in school?**

Currently no (0%) inmate students at this institution are enrolled in school because we do not have a DOC school at FRDC. We administer the Wide Range Achievement Test to offenders at FRDC. Educational services at FRDC are dedicated to diagnostic processing. The resulting reading and math levels assist the DOC schools in working with offenders. The availability of information on an offender's educational ability is useful to other sections doing programs with offenders. Offenders under age 22 are screened and tested for eligibility for special education services in accordance with state and federal regulation. Verification of high school diplomas or GED is accomplished as often as possible by Diagnostic Education staff.

- b. **How many (and %) of inmate students earn their GED each year in this institution?**

GED classes are not offered at the diagnostic center.

- c. **What are some of the problems faced by offenders who enroll in education programs?**

N/A

4. Substance Abuse Services:

- a. **What substance abuse treatment or education programs does this institution have?**

The Parole Return Relapse Program (PRRP): This is a 30-day program for parole return status offenders who have previously completed a longer DOC treatment program (12 weeks, 6 months, 12 months) within the last three years. The curriculum includes relapse prevention, criminal thinking intervention, Pathways to Change when possible (difficult due to short length of program), and some Impact of Crime on Victims classes. Starting August 01, 2007, staff began utilizing the Re-Entry process and computer system (TAP) for developing treatment goals for the offenders. Other Re-Entry services provided are aftercare and career center appointments set up prior to release. A presentation by the Division of Workforce Development on services and programs available in the community used to be given monthly but due to their Grant expiring in the near future, PRRP no longer receives these. This program started in December of 2003.

The Ambulatory Restriction Mobility (ARM) Institutional Treatment Center Program: This is a 12-week short-term treatment program that specializes in services for offenders with medical and/or ambulatory restrictions that pose problems or cause difficulties at other sites. The curriculum includes Living in Balance; an evidenced based program, relapse prevention, criminal thinking intervention, Pathway to Change, some Impact of Crime on Victims classes, groups for specialized issues and individual counseling. Starting August 01, 2007, staff began utilizing the Re-Entry process and computer system (TAP) for developing treatment goals for the offenders. Other Re-Entry services provided are aftercare and career center appointments set up prior to release and a presentation by the Division of Workforce Development on services and programs available in the community. This program started in November 2006.

The Addiction Severity Index Unit: This unit conducts assessments on offenders who are received at the diagnostic center that are stipulated to participate in a treatment program by the court system or parole board. In addition to conducting the assessment, the unit provides a summary report, as well as assigning a classification score (ICA-SA) that indicates what level of treatment would be most beneficial to the offender based on his needs. This information is then used by diagnostic center staff to select an appropriate treatment program, and by the staff at the treatment center to assist in developing the offender's treatment goals.

- b. **How many beds are allocated to those programs?**

PRRP has 23 beds

ARM has up to 15 beds

ASI Unit: Offenders called out from R&O population wherever they are assigned.

c. How many offenders do those programs serve each year?

PRRP has the capability of serving approximately 360 offenders per year.

ARM has the capability of serving approximately 60 offenders per year.

ASI Unit, can conduct approximately 30 assessments per week, which would be 1,560 assessments per year.

d. What percent of offenders successfully complete those programs?

PRRP has an extremely low termination rate. The success rate was calculated for FY'10 for this program at 97%.

ARM for the FY'11 has had a 94% completion rate.

e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?

For these programs to operate successfully, it takes cooperation between staff from the divisions of DORS, DAI and P&P. At this site, this collaboration has been a tremendous success. Since this is a diagnostic center, the schedule for the offenders is more restrictive than it would be at a mainline site; however, even that has not been an obstacle for the programs. The biggest challenge in my opinion is working within the daily time constraints regarding offenders going to medical, counts clearing, etc.

5. Vocational Programs:

a. What types of vocational education programs are offered at this institution?

We offer no (vocational) Career and Technical programs at FRDC due to being a diagnostic center. We do have the Work Essential Skills program in the Library available to the Permanent Cadre Offenders. This is a video based program.

b. How many offenders (and %) participate in these programs each year?

The Work Essential Skills is a self-study program and statistics are not maintained.

c. Do the programs lead to the award of a certificate?

N/A

d. Do you offer any training related to computer skills?

No

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?**

FRDC does not have a Missouri Vocational Enterprise.

- b. How many (and %) of offenders work for MVE at this site?**

N/A

- c. Who are the customers for those products?**

N/A

- d. What skills are the offenders gaining to help them when released back to the community?**

N/A

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?**

Yes, following a late fall survey in 2009, FRDC received certificate of re-accreditation in February 2010. Preparation is well underway for a re-audit late 2012.

- b. How many offenders are seen in chronic care clinics?**

Approximately 300 offenders are seen each month by each, the nurse and physician, for chronic care clinic appointments. Many are seen in addition to their scheduled chronic care visit for follow-up appointments specific to their need, i.e. blood sugar or pressure. There are approximately 790 duplicate/500 unduplicated clinic enrollments in 16 clinics.

- c. What are some examples of common medical conditions seen in the medical unit?**

Hypertension, rashes, chronic pain, back pain/problems, headaches, allergy problems, constipation, athletes foot/jock itch.

- d. What are you doing to provide health education to offenders?**

Education continues to be provided at clinic encounters and on the internal television channel. Offenders receive verbal instruction during nurse and physician sick call; handouts are readily available with specific education through nurse sick call. In addition, education specific to chronic diseases is given through chronic care clinics. An annual health fair is held for the perm cadre and, this year, included offenders from the substance abuse program. Multi-disciplinary health fair topics included body mass index, blood pressure checks, blood glucose checks, vision screening, hand washing, smoking cessation, self-testicular exam, sexually transmitted disease, MRSA, HIV,

rhabdomyelosis, re-entry (to community) issues, mental health, food service, recreation and substance abuse. Pre- and post-test counseling is also given to offenders receiving HIV (entrance, exit, mandatory or voluntary) lab tests.

- e. **Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?**

No active cases.

- f. **Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain.**

Yes. We are seeing an older population of offenders. It is making an impact on our healthcare system by requiring more nursing and doctor visits, more infirmary days and more medication. It also affects our outcounts to specialists. We are finding our population in general has more health issues.

8. Mental Health Services:

- a. **How do offenders go about obtaining mental health treatment services?**

On the first day of arrival, any offender with current psychotropic medication and/or concerning presentation is sent to the multipurpose building to speak with a MHM qualified mental health professional in order to gather more detailed information regarding their mental health need. Offenders with current psychotropic medication are also interviewed by the mental health nurse who works with the psychiatrist to ensure medication bridge orders are made. All other offenders are interviewed by a MHM qualified mental health professional on the third day they arrive regarding their mental health background. During all mental health intake interviews, the offender is educated about the Medical Services Request (MSR) form and informed that they may use the MSR to access mental health services. They are also provided with a flyer, which details the MSR process, mental health groups available, relaxation techniques, anger management tips, and suicide prevention in prison.

- b. **How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?**

There were no completed suicides in 2011. Mental health staff continue to recommend that offenders not be single celled when an offender is removed from close observation or suicide watch, unless clinically contraindicated. The segregation unit staff has worked to follow these recommendations. Suicide prevention is taught at Basic Training and at Core Training for all officers. MHM developed a suicide prevention training module, which continues to be used to train officers throughout MODOC. FRDC custody staff works collaboratively with mental health staff to immediately identify anyone with mental health concerns. Additionally custody staff makes crisis referrals when needed

- c. **Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?**

During the last month the average daily census was 1448 there were 288 on psychotropic medication (19.89%).

- d. **How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?**

The number of chronically/seriously mentally ill offenders fluctuates. Currently there are four offenders who are classified as Mental Health 4 or above. In the past year, MODOC approved for FRDC to be a facility, which will house offenders on involuntary medication status. Currently, there are no offenders on this status. Mental Health psycho educational groups have become very popular at FRDC. Currently FRDC offers Coping with Stress (two sections), Aftercare/Planning for a Better Life (two sections) and Anger Management. MHM staff trained several classification staff in Anger Management and those staff will provide the fourteen-week Anger Management program to the perm cadre at FRDC.

9. What is your greatest challenge in managing this institution?

The greatest challenge to managing FRDC rests in the complexity of being a diagnostic center. FRDC has no control of the volume of offenders that arrive at the facility. When FRDC is at capacity the county jails can continue to bring offenders to the institution. FRDC must manage these bed space challenges by ensuring constitutional conditions are being met with the existing resources available. In addition, FRDC is often challenged with offenders being received from the counties with health conditions that must be addressed at FRDC such as TB, scabies, flu, etc. FRDC must properly assess, classify and assign adult male offenders while maintaining safe, secure and constitutional conditions.

10. What is your greatest asset to assist you in managing this institution?

The greatest asset to FRDC is the staff. Staff at FRDC is professional, trained, experienced and equipped to perform their specialty functions. Each section is dedicated to fulfilling their responsibilities to the mission of this facility and department. The line staff performs their jobs efficiently; supervisors motivate and direct their staff appropriately; management staff encourages and leads their sections and the administrative staff maintains appropriate knowledge of procedural guidelines and provides effective leadership to their chain of command.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

All are fair with the exception of the following: 13-0218M and 13-0219M are 1995 15-passenger Dodge vans with 85,529 miles and 69,140 miles respectfully. Both of these vans are in poor condition with the doors being worn out and falling off, the bodies are in great need of work. The truck we use to deliver food to the two satellite locations CSC and CTCC is worn out. It is a 1994 Chevy 3500 panel truck with 51,025 miles. Maintenance has 4 vehicles, which are original start-up from 1986. They are 13-0207M Chevy pick-up with 42,846 miles, 13-0208M Chevy pick-up with 130,104 miles, 13-0211M Ford F-600 Panel truck with lift with 43,009 miles, and 13-0214M GMC 7000 Dump truck with 21,292 miles. Perimeter vehicles 13-0491 with 151,182

miles and 13-0542 with 147,297 miles are in good shape. We received three patrol vehicles, 13-0712, 13-0210 and 13-0029 with approximately 54,000 miles each, putting the offender transportation vehicles in good shape. Maintenance vehicles 13-0208M and 13-0211M have been surplused. All remaining fleet vehicles are in usable condition at this time

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation.

The overall morale of the custody staff at this institution at this time is medium. We have seen an increase in turnover at this institution in part due to increases in insurance costs as well as no pay raises. The new staff receives less spendable income due to having to pay for part of their retirement. This coupled with an at times empty hiring pool has affected our ability to maintain staffing levels. Along with these issues several experienced staff have now reached retirement age and being replaced with new staff that are less experienced. The management team that is now in place is highly visible and approachable and has a positive effect on the morale which helps offset some of the other negative issues. Considering the issues now confronting our country and state I believe our morale level is good.

13. Caseworkers:

a. How many caseworkers are assigned to this institution?

*Case Manager II = 14
Corrections Classification Assistant = 2
Case Manager III = 2
Functional Unit Manager = 3*

b. Do you currently have any caseworker vacancies?

Yes, we have one Case Manager II position due to a promotion and one Case Manager III as a result of a lateral to education department.

c. Do the caseworkers accumulate comp-time?

No

d. Do the caseworkers at this institution work alternative schedules?

No

e. How do inmates gain access to meet with caseworkers?

The offenders can write a note and send it through the institutional mail. There are also Classification and Assignment staff assigned to the housing units that make daily rounds on the unit, allowing the offenders time to speak with them as well.

f. Average caseload size per caseworker?

The average caseload for the Diagnostic Case Manager will vary depending upon our intake. The classification staff assigned to our R&O units will have a caseload from 300 to 600 offenders depending upon the number of houses that they cover. Our perm cadre units do have Classification Case Manager assigned, and their caseload is 100 offenders.

- # of disciplinary hearings per month? Average 85.3
- # of IRR's and grievances per month? Average 4.6
- # of transfers written per month? Average 23.3 (Perm Unit)
- # of reclassification analysis (RCA's) per month? Average 20.3

g. Are there any services that you believe caseworkers should be providing, but are not providing?

No

h. If so, what are the barriers that prevent caseworkers from delivering these services?

We feel we are providing all necessary services.

i. What type of inmate programs/classes are the caseworkers at this institution involved in?

FRDC is committed to Reentry and offers the following programs to assist in offenders' reintegration into society: Anger Management, Parenting Classes, Pathways to Change, Life Skills, Purpose Driven Life, and Restorative Justice.

j. What other duties are assigned to caseworkers at this institution?

Diagnostic services, taking DNA, new offender orientation and other services as needed.

14. Institutional Probation and Parole officers:

a. How many parole officers are assigned to this institution?

*PO I and PO II = 11
PO III (Supervisory Position) = 1*

b. Do you currently have any staff shortages?

No

c. Do the parole officers accumulate comp-time?

Yes

- d. Do the parole officers at this institution flex their time, work alternative schedules?**

Yes

- e. How do inmates gain access to meet with parole officers?**

For probation and parole related issues, P&P staff call the offender to the P&P office, or the offender can send a 'kite' to this office if he has questions or concerns, and we have open door for the perm units one time monthly.

- f. Average caseload size per parole officer?**

*The caseload size fluctuates monthly depending on offender status.
of Parole Hearing reports per month? Average 71 (851 for 2011)
of Community Placement reports per month? 1(10 for 2011)
of Investigation Requests per month? 75 (901 for 2011)
of Sign-Outs per month? 90 (1071 for 2011)*

- g. Are there any services that you believe parole officers should be providing, but are not providing?**

Yes, if we had adequate staff, I feel the P&P office could offer a pre-release group and be involved in Orientation and MRP.

- h. If so, what are the barriers that prevent officers from delivering these services?**

We do not have adequate staff to provide groups due to our workloads.

- i. What type of inmate programs/classes are the parole officers at this institution involved in?**

Friends and Family

- 15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.**

Our vehicle fleet is beginning to have an increase in issues with our fleet vehicle conditions, vehicles equipped for specialty needs and busses. Vehicle mileage should not be the only criteria for assessing the needs for replacement. We have a shortage of handicap accessible vehicles in the department.

- 16. Does your institution have saturation housing? If so, how many beds?**

FRDC does not have an official saturation housing capacity. However, FRDC's capacity of 1,302 is often exceeded based on intake demands.

17. Radio/Battery Needs:

- a. **What is the number of radios in working condition?**

229 working radios.

- b. **Do you have an adequate supply of batteries with a good life expectancy?**

We have an adequate supply of batteries to last us until the new radio system and new equipment along with radios and batteries are installed this year.

- c. **Are the conditioners/rechargers in good working order?**

Overall, they are in good order but are all older units. These will be replaced this year.

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Jefferson City Correctional Center				
Custody Level	5		Warden	Jeff Norman
Total Acreage	130		Address	8200 No More Victims Road; Jefferson City, MO
Acreage w/in Perimeter	40			
Square Footage	750,000		Telephone:	573-751-3224
Year Opened	2004		Fax:	573-751-0355
Operational Capacity/Count (as of January 15, 2012)	1971 / 1971			
General Population Beds (capacity and count as of January 15, 2012)	1152 / 1152		Deputy Warden	Kelly Morriss – Offender Management
Segregation Beds (capacity and count as of January 15, 2012)	403 / 395		Deputy Warden	Donna Cayer - Operations
Treatment Beds (capacity and count as of January 15, 2012)	288 / 286		Asst. Warden	Billy Dunbar
Work Cadre Beds (capacity and count as of January 15, 2012)	0 / 0		Asst. Warden	
Diagnostic Beds (capacity and count as of January 15, 2012)	0 / 0		Major	Jerry Garnett
Protective Custody Beds (capacity and count as of January 15, 2012)	144 / 143			

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution? *Good.*
- b. What capital improvement projects do you foresee at this facility over the next six years? *Security electronic failures are possible.*
- c. How critical do you believe those projects are to the long-term sustainability of this facility? *Critical to our operation using electronics – major changes to operation would have to occur.*

2. Staffing:

- a. Do you have any critical staff shortages? *Yes, corrections officers.*
- b. What is your average vacancy rate for all staff and for custody staff only? *Our average vacancy rate is 15% with the bulk of this being our Corrections Officer I position which has a turnover rate of 17.23%.*
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution? *Yes.*
- d. What is the process for assigning overtime to staff? *Primarily volunteer.*

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? *50%*
- f. Is staff able to utilize accrued comp-time when they choose? *Not always, but to the extent possible.*

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? *90 offenders enrolled in the GED program (6% of our general population). Note: JCCC operates a volunteer education program which includes ABE/GED classes. The education program at JCCC transitioned to a volunteer education program in 2005 when budget cuts re-directed funding to lower level facility education programs.*
- b. How many (and %) of inmate students earn their GED each year in this institution? *15 – 25 offenders (1 – 2 %) in the program will earn their GED within this calendar year.*
- c. What are some of the problems faced by offenders who enroll in education programs? *Due to the numbers of offenders on the waiting list, many of those interested in obtaining their education, must wait sometimes over a year to begin classes.*

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? *We have a therapeutic community for drug and alcohol abuse. Note: JCCC is operating a drug and alcohol program utilizing primarily volunteers. We have one drug counselor. We lost 10 staff to budget cuts on 2005.*
- b. How many beds are allocated to those programs? *242 beds*
- c. How many offenders do those programs serve each year? *144 – 150 offenders*
- d. What percent of offenders successfully complete those programs? *20%*
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? *Conflicts with custody priorities and shortage of counselors.*

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution? *None*
- b. How many offenders (and %) participate in these programs each year? *None*
- c. Do the programs lead to the award of a certificate? *N/A*
- d. Do you offer any training related to computer skills? *N/A*

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution? *Furniture, Clothing, License Plates, Stickers, Engraved Items and Recycled Ink Cartridges.*
- b. How many (and %) of offenders work for MVE at this site? *300 offenders – 15%*
- c. Who are the customers for those products? *State agencies, cities and local government, schools and non-profit agencies.*
- d. What skills are the offenders gaining to help them when released back to the community? *Good work habits, skills at operating machinery and computers.*

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? *Yes*
- b. How many offenders are seen in chronic care clinics? *Of our average population of 1970 offenders, we have 1754 enrollees in chronic care clinics. The chronically ill offenders are evaluated on a routine schedule ranging from one (1) to six (6) months based on the primary diagnosis of the patient. Patients can be evaluated on a more frequent basis, if their condition indicated the need. In addition to the established chronic care clinics, the facility*

has instituted and manages several specialty clinics (the chronic care figure noted above does not include the specialty clinics):

- *General Surgery Clinic – Dr. Gaddy, General Surgeon, conducts a weekly in-house clinic during which routine surgical procedures (biopsies, lesion removals, and minor corrective procedures) as well as surgical consultations. This clinic is available to male and female offenders upon an approved referral. We also have a surgeon who provides joint injections onsite, in addition to the above mentioned procedures.*
 - *Oral Surgery Clinic – We have been very fortunate to partnership with an oral surgeon who performs complex oral surgery procedures onsite approximately once per month.*
 - *Liver Biopsy Clinic – With the partnership of a surgeon, liver biopsies are performed onsite with post-operative recovery in the infirmary. The biopsies are performed under ultrasound guidance.*
 - *Ultrasound – With the partnership of Global Diagnostic we are being afforded the opportunity to perform ultrasounds onsite to those offenders with an approved referral.*
 - *GI Studies Clinic – The facility utilizes the most current technology for gastrointestinal studies, the PillCam – an ingestible camera that is swallowed and provides video of the esophagus or small bowel onsite. The procedure is performed onsite with pre follow-up in the Infirmary.*
 - *Cancer Center of excellence – The facility Infirmary has become a receiving and management center for male patients on chemotherapy and radiation therapy programs in the community.*
 - *MRI – We have joined forces with a company named Vantage in order to provide MRI's onsite. The procedure is available on a non-emergent basis to offenders with an approved referral.*
 - *Telemedicine – We have partnered with SKC and St. Luke's Hospital in order to provide telemedicine services onsite. The opportunity will provide a specialist consult and care via satellite to those offenders who present a need. Recently telemedicine equipment has been installed at the local Surgery Center to provide the opportunity for the surgeon/specialist to provide follow-up care via telemedicine.*
- c. What are some examples of common medical conditions seen in the medical unit? As *Jefferson City Correctional Center accepts all levels of custody and medical condition, the only medical condition we do not accept are those patients that are intubated and on ventilation (life support).*
- d. What are you doing to provide health education to offenders? *Education is provided during all reception and orientation encounters. Complaint specific education is provided at the time of every clinical encounter: sick call, chronic care clinics, emergencies, specialty clinics, periodic physical assessments or any other time that a health care professional interacts with a patient to provide clinical care. This education is provided in written and/or verbal format. Additionally, the facility conducts an annual offender health fair during which many topics are discussed and handouts are provided concerning most chronic care conditions.*
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? *No.*
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. *Yes, and probably on an even larger scale. Due to*

long term high risk life styles of most offenders and the lack of seeking community healthcare, there is expected to be a greater concentration of medical pathology and its sequel that one would find in the general public. Some examples would be long term smoking and its affect on the vascular system and associated carcinomas and chronic obstructive pulmonary disease, untreated hypertension, uncontrolled diabetes, undiagnosed chronic active hepatitis B and C, undiagnosed or under-treated HIV infections, etc. Some problems arise from the aging process, with or without the chronic medical complications; decreasing ability to perform activities of daily living, higher incidents of confusion or dementia and decreasing mobility.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? *Offenders may access mental health services through the Medical Services Referral (MSR) form and process. An offender may also be referred to mental health via a Staff Referral Form. Offender may request to participate in group therapies verbally with mental health staff or by sending an MSR indicating a desire to participate.*
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? *There were no completed suicides in the past year. Suicide intervention training is provided at CORE Training an average of two times per month to JCCC staff by the Institutional Chief of Mental Health Services. All employees are able to initiate suicide intervention policy and procedures.*
- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? *There are approximately 312 (15.8%) of offenders in this institution that are currently taking psychotropic medications.*
- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? *Of the offenders receiving psychotropic medications, 56 are rated as MH-4. Offenders with either MH-3 or MH-4 scores are scheduled for Chronic Care with Mental Health Therapists and Psychiatrists. By policy each is seen by the Mental Health Therapist a minimum of once each 30 days and by the psychiatrist a minimum of once each 90 days. Each MH-3 or MH-4 offender participates in developing an Individualized Treatment Plan with input from the multidisciplinary treatment team. Currently 34 offenders participate in the "SSRU" Secure Social Rehabilitation Unit. These offenders are all MH-4. It was envisioned and designed to provide clinically appropriate mental health treatment and programming to high custody level offenders who experience serious mental illness. It was determined that there were a number of seriously mentally ill offenders housed in the segregation units as a result of their behaviors primarily associated with their particular mental illness. The SSRU establishes a setting where treatment and programming is provided with the goal of moving these offenders to a more appropriate and less restrictive environment. This move to a less restrictive environment is managed on a level system which negotiates a continuum from segregation type placement on one end to a return to general population placement on the other. This level system allows movement in either direction individually determined by each particular offender's progress in the programming, his behavior and his particular needs. Offenders with a MH score of MH-1 or MH-2 are seen by therapist via the MSR process. All offenders are welcome to participate in mental health therapeutic group therapies.*
9. What is your greatest challenge in managing this institution? *Staff turnover and the lack of experienced line staff have affected our ability to manage our institution using correctional experience and knowledge.*

10. What is your greatest asset to assist you in managing this institution? *Our staff.*
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?) *Okay with the exception of perimeter vehicles and our need for wheelchair vans.*
12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. *Medium, which is supported by the small number of employee grievances and large amount of leave that our employees have on the books.*
13. **Caseworkers:**
- A. How many caseworkers are assigned to this institution? *We currently have 24 casemanagers assigned. 20 work in housing units, one is assigned specifically to respond to grievances (the next stage after Informal Resolution Request), one assigned as our Restorative Justice Coordinator, one is assigned with half duties in restorative justice and half duties in the grievance office and one is temporarily assigned as a member of a Corrections Officer Recruitment Team.*
 - B. Do you currently have any caseworker vacancies? *No.*
 - C. Do the caseworkers accumulate comp-time? *Rarely, if ever, and only in cases of emergencies.*
 - D. Do the caseworkers at this institution work alternative schedules? *Occasionally, in order to avoid accumulation of comp time.*
 - E. How do inmates gain access to meet with caseworkers? *Casemanagers make rounds of the administrative segregation and protective custody unit a minimum of two times a week and in general population we have open door daily. We also call offenders in when they send a written request through the housing unit inside mailbox as the need arises.*
 - F. Average caseload size per caseworker?
 - # of disciplinary hearings per month? *Approximately 14 hearings.*
 - # of IRR's and grievances per month? *Approximately 15 IRR's per month and the caseworker in the grievance office responds to approximately 175 grievances per month.*
 - # of transfers written per month? *Approximately 1 per month per caseworker (due in large part to the fact that we have long-term sentenced offenders).*
 - # of re-classification analysis (RCA's) per month? *Approximately 8 per month per caseworker.*
 - G. Are there any services that you believe caseworkers should be providing, but are not providing? *None.*
 - H. If so, what are the barriers that prevent caseworkers from delivering these services? *N/A*
 - I. What type of inmate programs/classes are the caseworkers at this institution involved in? *The reception/orientation program, the substance abuse programming housing unit, the visiting room activities committee, the food visit program, administrative segregation reentry program, anger management classes, pathways to change, restorative justice, impact on crime classes.*
 - J. What other duties are assigned to caseworkers at this institution? *Institutional tours for youthful offenders/probationers and professional tours; training of custody and non-custody staff on "Report Writing"; "Adult Internal Classification System" and the Transitional Accountability Plan; serves as a committee member on administrative segregation committee, protective custody hearings, enhanced care unit committee, forced medication hearings.*

14. **Institutional Probation and Parole officers:**

- A. How many parole officers are assigned to this institution? *Three parole officers and one supervisor.*
 - B. Do you currently have any staff shortages? *No*
 - C. Do the parole officers accumulate comp-time? *No*
 - D. Do the parole officers at this institution flex their time, work alternative schedules? *Yes*
 - E. How do inmates gain access to meet with parole officers? *Inmates gain access by letters, phone calls, interviews, open door and by parole officers visiting housing units.*
 - F. Average caseload size per parole officer?
 - # of pre-parole hearing reports per month? *30 per month*
 - # of community placement reports per month? *10 per month*
 - # of investigation requests per month? *15 per month*
 - G. Are there any services that you believe parole officers should be providing, but are not providing? *No*
 - H. If so, what are the barriers that prevent officers from delivering these services? *No*
 - I. What type of inmate programs/classes are the parole officers at this institution involved in? *Parole Officers are involved with a long-term drug program, youth group program and pre-release planning.*
15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. *None*
16. Does your institution have saturation housing? If so, how many beds? *No*
17. **Radio/Battery Needs:**
- a. What is the number of radios in working condition? *500 radios*
 - b. Do you have an adequate supply of batteries with a good life expectancy? *Yes*
 - c. Are the conditioners/rechargers in good working order? *Yes*

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Maryville Treatment Center				
Custody Level	C-2		Warden	vacant
Total Acreage	44 acres		Address	30227 US Hwy 136
Acreage w/in Perimeter	12 acres			Maryville MO 64468
Square Footage	137,000		Telephone:	(660) 582-6542
Year Opened	1996		Fax:	(660) 582-8071
Operational Capacity/Count (as of today)	525/520			
General Population Beds (capacity and count)	525/514		Deputy Warden	Alana Boyles Offender Management
Segregation Beds (capacity and count)	34/21		Deputy Warden	Sonny Collins Operations
Treatment Beds (capacity and count)	525/520		Asst. Supt	N/A
Work Cadre Beds (capacity count)	0		Asst. Supt	N/A
Diagnostic Beds (capacity and count)	0		Major	John Lower
Protective Custody Beds (capacity and count)	0			

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution? **Good**
- b. What capital improvement projects do you foresee at this facility over the next six years?
 - 1. Replace windows in Bldgs 2 & 3**
 - 2. Update security fence alarm system, along with locks at the Control Center**
 - 3. Tuck Point Bldgs 3, 4 & 5**
 - 4. Update fire alarm system**
 - 5. Upgrade showers in Bldgs 2 & 3 – C-side**
 - 6. Update Bldg 2 cooling system**
 - 7. Replace steam line loop in Bldg 3**
 - 8. Inspection of water tower – repaint inside and out**
 - 9. Repair roof on Bldgs 2, 4 & 5**
 - 10. Repave all parking lots**
 - 11. Update perimeter lighting**
 - 12. Build a warehouse for maintenance tools and inventory**
 - 13. Replace all vehicles above 100,000 miles with more efficient types**
- c. How critical do you believe those projects are to the long-term sustainability of this facility?
The windows in Bldg 2 and 3 and the tuck pointing are very critical and are in need of immediate repair.

2. Staffing:

- a. Do you have any critical staff shortages? **Cook I/II**
- b. What is your average vacancy rate for all staff (**3.75**) and for custody staff (**3.08**) only?

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution? **No**
- d. What is the process for assigning overtime to staff? **Volunteer basis**
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off (**56%**) and what percentage is paid-off? (**44%**)
- f. Is staff able to utilize accrued comp-time when they choose? **Yes, but subject to shift coverage.**

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? **128 offenders enrolled in education (25% of population).**
- b. How many (and %) of inmate students earn their GED each year in this institution? **135 Current pass rate is 82%.**
- c. What are some of the problems faced by offenders who enroll in education programs? **A. Teachers have difficulty working with students who really don't want to be in class. Offenders' lack of motivation. B. Not having adequate classrooms (space) to do small group instructional activities on a daily basis. Not being able to provide intensive one-on-one with students with special needs.**

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? **The Maryville Treatment Center program has been developed in collaboration with Gateway Foundation, and certified in conformance with ADA standards for Institutional Treatment Centers, as well as Missouri Department of Corrections policies and procedures. Our model for treating addictive disorders in therapeutic community is based on the foundational concepts of George DeLeon and others in the TC field, and reflected in the *Revised Therapeutic Communities of America Standards for TC's in Correctional Settings*, Office of National Drug Control Policy.**

Maryville Treatment Center, housing 525 minimum-security male offenders, is solely dedicated to providing alcohol and drug treatment in a modified therapeutic community (TC) Model, integrated with Missouri Re-Entry Process (transitional) services. Our program provides clients with intermediate and long-term, intensive treatment of substance use disorders in a structured, therapeutic learning environment. Our clients include 445 offenders placed at MTC for six months and 80 offenders placed here for one year.

Treatment consists of a four-week orientation to Therapeutic Community, followed by Intensive Addictions Treatment and Re-Entry Skills training. As part of our commitment to the DOC Missouri Re-Entry Process, Maryville Treatment Center also incorporates classes previously given in Transitional Housing Units as well as Medical and Mental Health treatment/classes in our residential treatment program. This includes the recently-implemented DAI curriculum for Anger Management.

Blended Model of State-Private Services

The Maryville Treatment Center program offers a unique service model in which State Department of Corrections, Division of Offender Rehabilitative Services (DORS) clinical staff are blended with clinical staff from Gateway Foundation, a private provider of treatment services, in a seamless and efficient delivery of programming. This teamwork occurs in a larger context of collaboration with DOC's Division of Adult Institutions (DAI) sections of MTC staff, since the concept of therapeutic community views all facility staff as part of an extended treatment team involved in the client's recovery

- b. How many beds are allocated to those programs? **We have approximately 445 offenders here for six-months and 80 for one year.**
- c. How many offenders do those programs serve each year? **We serve approximately 1000 offenders per year (445 x 2 plus 80, in addition to administrative transfers and program terminations, as documented below).**
- d. What percent of offenders successfully complete those programs?

Completion Summary 2/4/09 – 12/28/11			
		Total	%
Total Successful Completers		1649	82.6%
Terminated as Unsuccessful or Refused Program *		296	14.8%
Administratively Terminated/Transferred		51	2.6%
Total Clients Served to Date 2009		1996	100%

* for Cardinal Rule violations or lack of Therapeutic gain.

During the time period from 2/4/09 through 12/28/11, we had 1649 successful completers and 296 program terminations due to inability to benefit from treatment.

51 offenders were administratively transferred for various reasons of ineligibility. Excluding offenders who were transferred/became ineligible for treatment at MTC for reasons beyond their control, treatment offenders completed successfully at a rate of 85% and 15% were terminated unsuccessful. These rates are consistent with similar treatment programs.

Furthermore, for the period FY2007 – FY2009, our overall recidivism rate (probation violations and new crimes) was 36.9%, compared with a state-wide average recidivism rate for all incarcerated Missouri offenders of 49.9%. Based on an average annual cost for all incarcerated offenders of \$16,458.00 per offender, we estimate that MTC's 1649 successful completers during the period listed above saved the state of Missouri \$213,954.00 in criminal justice expenditures within the first two years after incarceration.

- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? **We currently have filled all DORS and Gateway staff positions. Treatment staff (both DORS and Gateway private providers, as well as DAI and Probation and Parole) are working together very effectively, and we are finding new ways to get beyond the “territoriality” between different disciplines that can undermine the help we offer offenders. Gateway Foundation continues to provide high-level support and guidance from their corporate office to help us develop and grow this program.**

Our current challenges include the need to assist and support our clinical staff in advancing their training and advancing/maintaining their level of credentials. Given the low salaries of counselors, assistance is needed toward this end.

We continue to ask the Legislature to consider changing the way a decision is made regarding how long an offender needs intensive residential treatment. Essentially, this is a clinical decision based on the offender's degree of substance dependence – classified as a psychiatric disorder by the American Psychiatric Association. However, the length of time an offender is placed in residential treatment in DOC currently is based on statutory requirements that may not coincide with the actual treatment needs and future risk of the offender to return to substance abuse. We

understand this continues to be discussed in DOC policy committee – we ask for consideration of legislative changes. Also, research consistently supports the greater effectiveness of treatment duration of one year. MTC used to have a 365-day program for all offenders in treatment. It would benefit both offenders and Missouri citizens to offer that level of treatment at MTC.

5. Vocational Programs: NOT APPLICABLE

- a. What types of vocational education programs are offered at this institution?
- b. How many offenders (and %) participate in these programs each year?
- c. Do the programs lead to the award of a certificate?
- d. Do you offer any training related to computer skills?

6. Missouri Vocational Enterprises: NOT APPLICABLE

- a. What products are manufactured at this institution?
- b. How many (and %) of offenders work for MVE at this site?
- c. Who are the customers for those products?
- d. What skills are the offenders gaining to help them when released back to the community?

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? **Yes.**
- b. how many offenders are seen in chronic care clinics? **233.**
- c. What are some examples of common medical conditions seen in the medical unit? **Headache, athlete's foot, constipation, cold symptoms jock itch, allergies and gas.**
- d. What are you doing to provide health education to offenders? **Annual health fair, each nursing sick call encounter has a patient education sheet that corresponds with their sick call complaint and chronic care appointments.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? **No.** If so, how did you respond?
- f. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? **No active cases of TB have been identified in the facility.**
- g. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. **Not at MTC; most aged offenders have a higher M-score than MTC accommodates.**

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? **Offenders may obtain mental health services primarily in three ways: 1. Submitting an MSR to mental health requesting to be seen; 2. Staff referral; and 3. By declaring a mental health crisis. In the first case, mental health staff will see the offender within five working days of receiving the MSR (the current average is three days). Offenders referred by staff will be seen according to the situation with the time frame varying from within that same working day to five working days. In the event an offender declares a mental health crisis, they will be seen ASAP; usually within two hours, but at least by the end of the day.**
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? **There have been no successful suicides at MTC during the past year. All staff (DOC and contract) have received annual suicide intervention training in order to identify signs and symptoms of persons at risk for suicide. When staff observe an offender who appears to be at risk, they may place the offender on full suicide watch or make an immediate referral to mental health staff for an evaluation, in which case a staff member will stay with the offender until the offender can be seen by mental health.**

Persons placed on suicide watch are evaluated daily while on watch (MH staff call in and check on them over weekends and holidays), with modification to the watch being made as relevant. When released from suicide watch, they are seen as needed (depending on the nature of the threat, attempt, etc, and their recovery while on suicide watch) to continue to assure they are still no longer at risk.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **As of 12/31/11, MTC averaged 61 offenders taking psychotropic medication, which is approximately 12% of the population.**
 - d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **As of 12/31/11, MTC had 60 offenders in Mental Health Chronic Care (listed as MH3). Each of these offenders is seen at least every 30 days by mental health staff for observation and evaluation of their ability to function. Each has an individual treatment plan developed in cooperation with the offender, mental health therapist, psychiatrist and other staff as pertinent. This ITP is reviewed and revised as needed every 180 days. They are seen by the psychiatrist a minimum of every 90 days, though the normal psychiatric visits are usually about every 60 days. The offenders are also provided individual and/or group therapy as needed is identified and agreed upon.**
9. What is your greatest challenge in managing this institution? **One of our greatest challenges continues to be the institutional fiscal management. The question remains “what can we do without and still get by,” not “what do we need this year to maintain a quality operation?” The greatest impact is manifesting itself in hiring for vacancies. We continually have difficulty hiring Cook positions as other industry in the area pays better and require less education.**
10. What is your greatest asset to assist you in managing this institution? **The greatest asset in managing the Maryville Treatment Center is the motivation and dedication of the staff. Also, an important asset is the support and understanding of this difficulty by the leadership at Central Office. Our staff have done an outstanding job of more with less.**
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?) **The fleet and its conditions are as follows.**

License #	Year	Make/Model	Mileage	Condition
13-0120M	1999	DODGE VAN	85907	Fair
13-0269M	1996	DODGE UTILITY 4WD	41274	Fair
13-0270M	1997	FORD TRUCK OT	43071	Fair
13-0272M	1996	DODGE MINI VAN	118472	Good
13-0274M	1996	DODGE MINI VAN	122488	Good
13-0277M	2005	FORD VAN 15 PASSENGER	185110	Good
13-0281M	1996	JEEP UTILITY 4WD	93873	Poor
13-0282M	1996	DODGE UTILITY 4WD	45457	Fair
13-0286M	1992	CHEVY UTILITY 4WD	80368	Fair
13-0287M	1998	FORD TRUCK OT	13917	Fair
13-0339M	2007	FORD SEDAN	67974	Good
13-0390M	2005	FORD VAN 15-PASSENGER	191836	Good
13-0395M	1999	DODGE VAN 15-PASSENGER	112722	Poor
13-0509M	2002	FORD SEDAN	141268	Fair

13-0703M	2005	FORD VAN 15-PASSENGER	190734	Good
13-0781M	2003	FORD SEDAN	111225	Fair
32-0227M	2008	CHEVY SEDAN	65107	New
32-0263M	2008	CHEVY MIN VAN	78189	New

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (**Please have the Major answer**) **The morale of Custody staff at Maryville Treatment Center is assessed overall as medium. Certainly some individual Custody staff members exceed this rating while others fall below this rating. The primary reasons for the medium to low morale are the low pay and stressful working environment. In addition, some staff members are change adverse and are experiencing difficulty adjusting to operational changes.**

13. Caseworkers:

- a. How many caseworkers are assigned to this institution? **5**
- b. Do you currently have any caseworker vacancies? **No**
- c. Do the caseworkers accumulate comp-time? **Minimal**
- d. Do the caseworkers at this institution work alternative schedules? **Only as needed**
- e. How do inmates gain access to meet with caseworkers? **Treatment offenders submit a line of communication form to classification staff who then respond appropriately.**
- f. Average caseload size per caseworker? **105 offenders is the average caseload.**
 - # of disciplinary hearings per month? **105 average**
 - # of IRR's and grievances per month? **20 IRRs and 5 grievances**
 - # of transfers written per month? **12 average**
 - # of re-classification analysis (RCA's) per month? **105 RCAs average**
- g. Are there any services that you believe caseworkers should be providing, but are not providing? **Our caseworkers do a very good job of responding to the variety of issues the offenders have. We are melding treatment services and reentry services so the offenders receive both. I do not see any other services we should offer.**
- h. If so, what are the barriers that prevent caseworkers from delivering these services? **N/A**
- i. What type of inmate programs/classes are the caseworkers at this institution involved in? **Caseworkers assist in providing substance abuse treatment services, participate in the Offender Management Team and Program Review Committee processes. Caseworkers facilitate Pathways to Change, Impact of Crime on Victim Classes and Anger Management and various aspects of the Missouri Reentry Process.**
- j. What other duties are assigned to caseworkers at this institution? **Caseworkers also assist in training other staff and sit on various committees. Other additional duties include Visiting Liaison, Assistant Visiting Liaison, Required Activities/Work Release Assistant Activities Coordinator, Grievance Officer and Assistant Grievance Officer. We are currently working on a Puppies for Parole Program. Caseworkers complete the Transition accountability Plans with offenders, along with the regular duties in classification (ie, all disciplinary, classifying offenders, visitation, offender questions and issues, etc).**

14. Institutional Probation and Parole officers:

- a. How many parole officers are assigned to this institution? **4**

- b. Do you currently have any staff shortages? **No**
- c. Do the parole officers accumulate comp-time? **Minimal**
- d. Do the parole officers at this institution flex their time, work alternative schedules? **As needed**
- e. How do inmates gain access to meet with parole officers? **Schedule Appointment/utilize**

Line of Communication

- f. Average caseload size per parole officer? **Population divided by 4 officers currently**
 - # of pre-parole hearing reports per month? **0 during CY11**
 - # of community placement reports per month? **93**
 - # of investigation requests per month? **87**
- g. Are there any services that you believe parole officers should be providing, but are not providing? **No**
- h. If so, what are the barriers that prevent officers from delivering these services? **N/A**
- i. What type of inmate programs/classes are the parole officers at this institution involved in?
None presently.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. **The primary issues are as follows:**

- Replacement of windows in Bldgs 2 & 3. In Bldg 2, the issue with the current windows is two-fold. They are prohibiting efficiency as well as impacting staff morale. The oversized, single-pane windows are not cost efficient. They let air in/out. When the sun hits the south side of the building, it raises the temperatures in the offices up to 20°, especially in the winter season. This makes it extremely hard to know where to set the thermostat. In most cases, the air conditioning units are running during the winter season. In Bldg 3, windows are falling out of the rotted wood frames. Since they are single pane, there is also the problem of efficiency.

16. Does your institution have saturation housing? If so, how many beds? **No, the Maryville Treatment Center does not have saturation beds; however, we have been informed to keep 36 beds in stock to allow for the possibility of saturation beds.**

17. **Radio/Battery Needs:**

- a. What is the number of radios in working condition? **81**
- b. Do you have an adequate supply of batteries with a good life expectancy? **Yes**
- c. Are the conditioners/rechargers in good working order? **The institution has 2 six-bank chargers/conditioners and one additional charger/conditioner for the Kenwood KSC-32 radios. It is noted that due to age and use, many of the batteries are in disrepair and will not take a full charge. The current state of radio communications is marginal based on the current number of radios and batteries. However, Maryville Treatment Center is scheduled for a radio communications upgrade package in 2012.**

The communications upgrade will be comprehensive and will include a new base station, repeater, and 120 new hand-held radios with batteries and chargers. Upon completion of the upgrade, the number of radios/batteries will be appropriate and the overall range and clarity of radio transmissions will be greatly improved.

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Missouri Eastern Correctional Center				
Custody Level	3		Warden	Jennifer Sachse
Total Acreage	250		Address	18701 Old Highway 66
Acreage w/in Perimeter	40			Pacific, MO 63069
Square Footage	247,884		Telephone:	636.257.3322
Year Opened	1981		Fax:	636.257.5296
Operational Capacity/Count (as of January 15, 2012)	1100/1082			
General Population Beds (capacity and count as of January 15, 2012)	1024/989		Deputy Warden	Michael Layden
Segregation Beds (capacity and count as of January 15, 2012)	100/93		Deputy Warden	Brenda Short
Treatment Beds (capacity and count as of January 15, 2012)	0		Asst. Warden	George Hayes
Work Cadre Beds (capacity and count as of January 15, 2012)	0		Asst. Warden	
Diagnostic Beds (capacity and count as of January 15, 2012)	0		Major	Alan Ham
Protective Custody Beds (capacity and count as of January 15, 2012)	0			

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?
 - Fair.
- b. What capital improvement projects do you foresee at this facility over the next six years?
 - Due to continuing budget cuts, we are unable to project if there will be any capital improvements in the next six years.
- c. How critical do you believe those projects are to the long-term sustainability of this facility?
 - The capital improvements needed are the replacement of the roofs on each of our buildings, replacement of the food service floor, and the replacement of our perimeter road and parking lot. The completion of these projects is crucial, as failing to do so will create damage elsewhere. For example, water leaking from the roof has created damage inside the buildings, and deterioration of our perimeter road causes vehicle damage.

2. Staffing:

- a. Do you have any critical staff shortages?
 - No.
- b. What is your average vacancy rate for all staff and for custody staff only?
 - All staff = 6 per month Custody staff = 4 per month.
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?
 - Due to limited funding for comp time payouts, we must closely monitor and manage all comp time that is earned. It is a very tedious and time-consuming task for supervisors.
- d. What is the process for assigning overtime to staff?
 - First we request volunteers, then if necessary, we select a name from the overtime list.
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?
 - Approximately 75% is used, 25% paid out.
- f. Is staff able to utilize accrued comp-time when they choose?
 - Yes, at times.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?
 - 312/28%
- b. How many (and %) of inmate students earn their GED each year in this institution?
 - 110 GEDs earned/35%
- c. What are some of the problems faced by offenders who enroll in education programs?
 - Offenders entering the DOC who are under the age of 22 are screened and tested for learning disabilities. This provides their teachers with knowledge of the students' learning styles and the most effective approaches to teach them. Offenders over the age of 22 are not tested as thoroughly and, therefore, their teachers have difficulty determining the most effective teaching approach. We get students that are at all levels of education; we may have 30 to 40 who are at the Kindergarten level.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?
 - Living in Balance is a 60 hour, 24 session *educational* program that focuses on the effects drug involvement has behaviorally and cognitively on lives and the changes needed to become competent productive citizens in society upon release.
- b. How many beds are allocated to those programs?
 - 0.
- c. How many offenders do those programs serve each year?
 - 266.
- d. What percent of offenders successfully complete those programs?
 - 64.3%
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?
 - Offenders being allowed to drop out without consequences.
 - Offenders being transferred before getting in the class or while enrolled.

- Not offering an evening program for the offenders on outside clearance or involved in other day time classes.
- Offenders needing to leave class to go to property issue, case manager meetings, canteen pick-up or dog training.
- Staff lack understanding of addiction and the issues that surround it.

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution?
 - There are no vocational programs at MECC at the present time, however, "Professional Gardening and Landscaping" will be offered when we hire a teacher. Interviews are scheduled for Feb. 15th. "Web Design" may also be offered, and we plan on offering both classes as early as June, 2012.
- b. How many offenders (and %) participate in these programs each year?
 - Each 360 hour class will accommodate 15 students, and last about 10 weeks. This will allow for 75 students a year for each class, for a total of 150 students per year - 14% of the institution population.
- c. Do the programs lead to the award of a certificate?
 - A certificate will be awarded upon completion of the class.
- d. Do you offer any training related to computer skills?
 - Web Design class will be computer related.

6. Missouri Vocational Enterprises:

MECC does not currently manufacture any products

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?
 - Yes. Most recent accreditation 2011 – deficiency free.
- b. How many offenders are seen in chronic care clinics?
 - Chronic Care Offenders total 786. However, this number can be a little deceiving as many offenders are classified in two chronic care clinics, some more than that and this number reflects the number of people in each chronic care clinic added together for grand total.
- c. What are some examples of common medical conditions seen in the medical unit?
 - We see offenders for headaches, common cold symptoms, allergy symptoms depending on the season, sports injuries, chronic care issues such as pain complaints and ailments, and medication requests.
- d. What are you doing to provide health education to offenders?
 - Offenders are educated with entry to MECC at the R & O process. They are taught the MSR process at that time, and refreshed on how to gain access to medical, mental health, vision, and dental services. Throughout chronic care clinics and nurse sick call visits, education is promoted and paperwork is provided to the offender for various nurse sick call complaints i.e.... "offender education sheets". We educate at a Yearly OFFENDER HEALTH FAIR in November and have set up displays and handouts during that time, as well as vital sign assessment and education on the normal vital signs/lab limits/etc.
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?

- Although we provide TB medications at our site, we have not had any active TB cases in the past year.
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain
 - We are considered a handicapped facility and have a higher incidence of wheelchair bound inmates with regard to having a “flat camp”. Because we have a more handicapped population, we can deduce that the aging population is affecting health care in the prison industry just as much, if not more, as the “free world”. Freedom deprived inmates are aging and showing more signs of organ diseases and so forth related to years of drug use and alcohol abuse, which is probably an additional strain on the prison healthcare industry – related to the argument that those individuals have taken less care of themselves on the streets due to their addictions and are finally receiving proper medical care years after they should have in the prison systems.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?
 - If a MHM offender comes in as a mental health 3, or is on psychotropic medications, they will automatically be scheduled with a therapist to review their plan of care. If an offender needs/requests to be seen by mental health, generally they submit a MSR or are referred by medical/DOC staff, and are scheduled with a therapist within 14 days. Chronic care mental health offenders who are assigned to the clinic see the psychiatrist at least every 3 months, usually 60 days. Chronic care mental health offenders should see the nurse for aims bprs and metabolic monitoring every 30 days if they are on certain psychotropic medications.
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?
 - Zero suicides in the past year. Mental Health Therapists teach suicide prevention to DOC staff in CORE training on a bi-annual basis.
- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?
 - 20.68% of our population on average
- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?
 - We house mental health clients with a mental health score of 3 or less. Because of that procedure, we do not have seriously mentally ill patients – those patients are level 4 or 5. If an offender is determined to have a serious mental illness and can no longer be maintained at this site, the mental health score is raised, custody is notified, and the offender is monitored closely until transferred to a mental health 4 or 5 camp.

9. What is your greatest challenge in managing this institution?

The greatest challenges are the turn over of line staff to higher paying jobs, and maintaining and ensuring repairs of a 30 year old facility.

10. What is your greatest asset to assist you in managing this institution

Tenured, dedicated staff.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

Poor. We have numerous vehicles with over 130,000 miles, resulting in costly repairs. These repairs are not cost-effective on vehicles with excessive mileage.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation

The morale of Custody Staff is above average. We are well staffed with little to no mandatory overtime. We experience very few grievances of which the majority are addressed quickly and favorably.

13. **Caseworkers:**

A. How many caseworkers are assigned to this institution?

a. 14.

B. Do the caseworkers accumulate comp-time?

a. No.

C. Do you currently have any caseworker vacancies?

a. No.

D. Do the caseworkers at this institution work alternative schedules?

a. Yes.

E. How do inmates gain access to meet with caseworkers?

a. Office hours, written request, and tour of duty.

F. Average caseload size per caseworker? 84

• # of disciplinary hearings per month? 45

• # of Informal Resolution Requests and grievances per month? 20

• # of transfers written per month? 15 per caseworker

• # of re-classification analysis (RCA's) per month? 25 per caseworker

G. Are there any services that you believe caseworkers should be providing, but are not providing?

No.

H. If so, what are the barriers that prevent caseworkers from delivering these services?

n/a

I. What type of inmate programs/classes are the caseworkers at this institution involved in?

Impact of Crime on Victims, Anger management, Inside out dad, Beat the Streets, 4-H, Pathways to Change, Offenders Offering Alternatives to Violence.

J. What other duties are assigned to caseworkers at this institution?

Puppies for Parole, Tire Crew and MoDOT inspections, case management meetings, birth certificates, identification cards, Medicaid, file reviews, food visits, SSN, assigning of R&O, Internal Classification, job checks, unauthorized mail, legal mail, honor status, purging files, assist with training, package reviews, green checks, transfer summaries, DNA testing.

14. **Institutional Probation and Parole officers:**

a. How many parole officers are assigned to this institution?

Six

b. Do you currently have any staff shortages?

We have a part time clerical position to fill

c. Do the parole officers accumulate comp-time?

a. Rrarely.

d. Do the parole officers at this institution flex their time, work alternative schedules?

a. Yes.

- e. How do inmates gain access to meet with parole officers?
Each HU parole officer has open hours and the district administrator also has open office hours. Offenders can also send a note to their officer or the supervisor.
- f. Average caseload size per parole officer?
One per housing unit
 - # of pre-parole hearing reports per month?
Total per month for MECC is from 110-130
 - # of community placement reports per month?
4 or 5
 - # of investigation requests per month?
About 50
- g. Are there any services that you believe parole officers should be providing, but are not providing?
Initial intake class on parole issues
- h. If so, what are the barriers that prevent officers from delivering these services?
Work time
- i. What type of inmate programs/classes are the parole officers at this institution involved in?
Offenders Offering Alternatives and Pre-Release Class

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. n/a

16. Our institution does not have saturation housing.

17. Radio/Battery Needs:

- a. What is the number of radios in working condition?
348 of 350
- b. Do you have an adequate supply of batteries with a good life expectancy?
We have an adequate supply of batteries; however, several of them are near the end of their life expectancies.
- c. Are the conditioners/rechargers in good working order?
Yes

Joint Committee on Corrections

January 31, 2012

Information for Legislative Institutional Visits

Facility Name:			
Custody Level	C3	Warden	Dean Minor
Total Acreage	320	Address	5201 S. Morley
Acreage w/in Perimeter	80		Moberly, MO 65270
Square Footage	502,576	Telephone:	660-263-3778
Year Opened	1963	Fax:	660-263-8206
Operational Capacity/Count (as of January 15, 2012)	1800		
General Population Beds (capacity and count as of January 15, 2012)	1480	Deputy Warden	Teresa Thornburg
Segregation Beds (capacity and count as of January 15, 2012)	178	Deputy Warden	Lisa Pogue
Treatment Beds (capacity and count as of January 15, 2012)	0	Asst. Warden	Sherry Dunseith
Work Cadre Beds (capacity and count as of January 15, 2012)	1628 capacity	Asst. Warden	
Diagnostic Beds (capacity and count as of January 15, 2012)	158 capacity	Major	Steve Simmons
Protective Custody Beds (capacity and count as of January 15, 2012)	66		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution? **Good**
- b. What capital improvement projects do you foresee at this facility over the next six years?

- Replace vehicle Salle Port Officer Building
- Install remote access controls to vehicle sally port gates
- Repair / Replace floor in food service.
- Repair / Replace air – heat system south / west administration building.
- Install efficient cell windows for 1,000+ cells
- Install efficient windows in the administration building

- c. How critical do you believe those projects are to the long-term sustainability of this facility?

It is important to stay on top of capital improvement needs so the facility does/can stay efficient and not become problematic. Replacing the Sally Port Officer Building is important.

2. Staffing:

- a. Do you have any critical staff shortages?

No critical shortages.

- b. What is your average vacancy rate for all staff and for custody staff only?

For 2011 the average vacancy rate for all staff was 14.1% and 12.4% for custody staff only.

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?

Yes, a consistent effort is made to eliminate the accumulation of comp. time.

- d. What is the process for assigning overtime to staff?

We utilize a voluntary overtime list. We try to achieve consistency when assigned overtime, however, some posts require more overtime, such as transportation officers. Due to court out counts, medical appointments and emergency medical out counts, it is difficult to know in advance if we are going to need officers to work overtime.

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?

In FY11, 26.6% of comp. time was paid off and 78.4% was utilized as time off. Policy has changed allowing employees to be paid comp time when they ask.

NOTE: more hours were used and paid out for 2011 than were accrued for the year.

- f. Is staff able to utilize accrued comp-time when they choose.

We are making an effort to flex compensatory time, reducing the accrual. Certain positions can request to have their comp time paid at any time, providing they have at least 20 hours to cash in. This has given these employees the ability to give themselves extra money when needed.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?

- 474 or 26.3%

- b. How many (and %) of inmate students earn their GED each year in this institution?

- Approximately 120 this year, or 25.3%

- c. What are some of the problems faced by offenders who enroll in education programs?

- The problems faced by offenders who enroll in education programs here at MCC are basically the same as previously reported.

1. Attitude – many offenders have failed in school while on the streets and need to find success in order to advance and work up to their ability.
2. Many have been labeled as “learning disabled” and believe they cannot learn.
3. Poor communication skills.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?

MCC has 11 SA education programs:

- Free Your Mind
- Anger Management
- Relationships
- Lifestyles & Values
- Relapse, Recovery and Recidivism
- Commitment to Change
- Commitment to Change II
- Commitment to Change III
- SA Basic Education (Living in Balance)

- Basic Relapse Prevention
 - Living in Balance (this is the SA Basic Education class)
- b. How many beds are allocated to those programs?
- Not applicable, participation is not linked to beds
- c. How many offenders do those programs serve each year?
- 600-800
- d. What percent of offenders successfully complete those programs?
- Approximately 60%; this stays about the same due to transfers, parole releases, going to disciplinary segregation, and no shows.
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?
- Denial of a problem
 - Lack of responsibility (showing up for class on time and successfully completing)
 - Attitude towards making positive change
 - Thinking they will start on recovery when they reach the streets
 - Not wanting to ask for help

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution?
Currently MCC offers a welding course which allows for apprenticeship with the Department of Labor and a letter of completion from the Department of Corrections, as well as hands-on-training with welding equipment. The course is also accredited through the National Center for Construction Education and Research (NCCER) with the students receiving a certification through NCCER. This accreditation is awarded by module, so if a student is unable to complete the program they still receive credit for modules completed on NCCER's national database which potential employers can access.
- b. How many offenders (and %) participate in these programs each year?
Approximately 48 students a year participate in these programs.
- c. Do the programs lead to the award of a certificate?
All offenders completing the class receive a DOC completion certificate, a Department of Labor Apprenticeship certificate and a certificate from National Center for Construction Education and Research, which includes an ID card and registration number so employers can verify training.
- d. Do you offer any training related to computer skills?
All CTE classes utilize technology in some manner, as well as some usage of the computer. For the welding program computer skills utilized would be based upon reinforcement of lesson information and basic business skills. This includes email etiquette, how computers operate, basic knowledge of hardware and software. Training is also provided on how computers have changed the construction and welding industries.

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?
- Vehicle decals
 - Picnic tables
 - Shelving units
 - BBQ grills
 - Rolling file cabinets
 - Beds
 - Footlockers

- Tables for the institutions
 - File cabinets
 - Specialty license plates
 - Highway signs
 - 4-color printing of state forms and envelopes and publications
 - Laundry services for the institution along with the University of Missouri hospitals and residence halls and Jefferson City hospital
- b. How many (and %) of offenders work for MVE at this site?
347 or 20%
- c. Who are the customers for those products?
Any tax-supported entity (state, city, county and federal) Not-for-Profit organizations and state employees
- d. What skills are the offenders gaining to help them when released back to the community?
- Offenders working for MVE at MCC learn skills that are transferrable to manufacturing and many other types of businesses. Many of the offenders at MCC are registered with the U.S. Department of Labor Apprentice Program in a variety of skilled areas including, but not limited to:
 1. Bindery Machine Operator
 2. Coating, painting and spraying machine setter
 3. Combination machine tool setter and operator
 4. Computer operator
 5. Industrial machinery mechanic
 6. Laundry machine operator
 7. Material inspector
 8. Mechanical drafter
 9. Press and press brake machine setter
 10. Printing press machine operator
 11. Production laborer
 12. Production, planning and expediting clerk
 13. Welder
 14. Work ethics and job responsibility
 15. Necessary skills to survive after release

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?
Yes
- b. How many offenders are seen in chronic care clinics?
The chronic care clinics' number of offenders is as shown below. Some of the patients are enrolled in more than one (1) clinic:
- Cardiovascular: 439
 - Pulmonary: 162
 - Infectious Disease: 13
 - Diabetes: 81
 - Internal Medicine: 65
 - Seizures: 137
 - Infectious Disease:
Non-TB 23
 - Pulmonary:
Non-asthma: 69

- Endocrine:

Non-diabetes	20
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 - Cancer 21
 - Hepatitis: 301
 - Glaucoma: 16
 - Chronic Pain: 77
 - Chronic Hepatitis B: 9
- c. What are some examples of common medical conditions seen in the medical unit?
- Diabetes
 - Hypertension
 - Seizures
 - Hepatitis
 - Cardiovascular disease
 - Asthma
 - Other conditions
 - Nursing sees patients through sick call for such complaints as colds, back pain, athlete's foot, hemorrhoids, insect bites, sprains, and other injuries and illnesses
- d. What are you doing to provide health education to offenders?
- We provide pamphlets and instruction sheets to offenders in the chronic care clinics and during sick call. Physicians and nurses also provide health education verbally to offenders. Numerous posters and notices are posted for offenders regarding general health risks such as flu and accidents.
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? No
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? Yes
If yes, please explain
We are faced with more chronically ill patients as the prison population ages. With this, we are faced with concerns regarding their ability to ambulate stairs and distances effectively, their ability to maintain their cognitive processes regarding use of medications and appointments, and their general knowledge of their disease process and treatment options. We find that older populations require more follow-ups, more treatments, more medications and more staff interaction.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?
All mental health 3 offenders or higher are automatically scheduled to see a Qualified Mental Health Professional at least once per month. Mental Health 4 offenders meet with a psychiatrist once per month as well as the Qualified Mental Health Professional. Any offender can receive mental health services by request through completing a Medical Services Request form and checking the mental health box. All offenders at MCC, regardless of mental health score, can self refer for individual and/or group counseling.
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?
We had one suicide at MCC in the past year. Offenders who are high risk of committing suicide are "red flagged" at the time of intake by receiving a "Suicide Risk" score of two or higher. All MCC staff has been trained in suicide prevention. In addition, the MARS

screen has been modified to allow staff to see the suicide risk score. High risk offenders are not allowed to have any medications in their cells. All offenders with a past history of suicide attempts are staffed monthly in the Clinical Executive Committee meeting.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

The Moberly Correctional Center averages 25% to 28% of the total population on psychotropic medications.

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

MCC is the only custody level three or lower facility that can house MH-4 offenders. The numbers of these offenders has increased in the past year. On average we house approximately 25 offenders who currently carry a mental health score of MH-4 and approximately 425 with a MH-3 score. All offenders who carry a MH-4 rating are seen monthly by their Qualified Mental Health Professional and their treating psychiatrist. MH-3 offenders are seen once per month. Psychiatric staff monitors these offenders closely. A psychiatric nurse is also available to provide interventions as needed.

9. What is your greatest challenge in managing this institution?

Presently, addressing on-going issues in a long term difficult economy is of primary concern. Keeping staff morale up with severe cuts in benefits (medical insurance, state matched 401k, retirement changes, and no increase in wages) is becoming more of a challenge each year. Capital improvements and general repairs and purchases continue to be put off. Eventually these matters will need immediate attention.

10. What is your greatest asset to assist you in managing this institution?

Our greatest asset at MCC is our capable, experienced and willing staff.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

Fair. Our offender transportation bus is a 1997, with approximately 187,000 miles on it. We use it to transport offenders back and forth to Jefferson City twice each week.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (Please have the Major answer)

Generally, MCC staff has a great attitude toward the institution, their careers, and the mission of the department. The staff at MCC maintains a high level of professionalism and strives to do the best they can. However, several employees routinely discuss the higher cost of living, and rising insurance costs. The need for many staff to work two jobs to maintain their families and homes is a continuous struggle for most.

13. Caseworkers:

- A. How many case managers are assigned to this institution? 18

- B. Do you currently have any case manager vacancies? Yes, two (2)

- C. Do the case managers accumulate comp-time?

No, they flex out their time and do not accrue any comp time.

- D. Do the case managers at this institution work alternative schedules?

Yes. Classification staff work either 8:00 a.m. to 4:30 p.m.; or, 10-hour days, 7:00 a.m. to 5:30 p.m.

- E. How do inmates gain access to meet with case managers?

The case managers have offices in the housing units with an open door policy or by written request.

- F. Average caseload size per case manager? 112
 • # of disciplinary hearings per month? 533 on average
 • # of IRR's and grievances per month? 91 IRR's and an average of 23 grievances per mo.
 • # of transfers written per month? 84
 • # of re-classification analysis (RCA's) per month? 270
- G. Are there any services that you believe case managers should be providing, but are not providing? No
- H. If so, what are the barriers that prevent case managers from delivering these services? NA
- I. What type of inmate programs/classes are the case managers at this institution involved in?
 • Impact of Crime on Victims
 • Anger Management
 • Pathway to Change
 • Inside Out Dads
- J. What other duties are assigned to case managers at this institution?
 • Grievances are handled by one case manager.
 • One case manager is a specialist with MRP services.
 • Functional Unit Managers, case managers, and corrections classification assistants are used throughout the year to assist the training officer when needed.
 • On occasion, corrections classification assistants are also used to cover custody posts and fill in for absences in other areas.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution?
 9 (8 POI/II and 1 POIII)
- B. Do you currently have any staff shortages?
 With the additions of various new programs, revisions of procedures and requirements, and also the consistent rise in transfers in and out of the institution, the number of pre-hearing reports and other necessary reports needing completed have greatly increased. MCC work units continue to be among the highest in the state.
- C. Do the parole officers accumulate comp-time? No
- D. Do the parole officers at this institution flex their time, work alternative schedules? Yes
 1. One (1) IPO (THU) works four 10 hour days from 7 am to 5:30 pm.
 2. Five (5) IPO's work 8:00 am to 4:30 pm
 3. One (1) IPO works 7:30 am to 4:00 pm
 4. One (1) IPO works 7:00 am to 3:30 pm
 5. One (1) IPO III (supervisor) works 7:30 am to 4:00 pm
 6. One (1) clerical supervisor works 8:00 am to 4:30 pm
 7. One (1) clerical works 8:00 am to 4:30 pm.
- E. How do inmates gain access to meet with parole officers?
 A parole officer is available in the MRP office and chapel office within the institutions. All other officers can be contacted through written request or by dictated communication requirements.
- F. Average caseload size per parole officer? 250
 • # of pre-parole hearing reports per month? 130-150
 • # of community placement reports per month? 10-15
 • # of investigation requests per month? 90-115
- G. Are there any services that you believe parole officers should be providing, but are not providing? No
- H. If so, what are the barriers that prevent officers from delivering these services? NA

I. What type of inmate programs/classes are the parole officers at this institution involved in?

1. Anger Management
2. Offenders Offering Alternatives
3. Missouri Re-entry Process (MRP)

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

We appreciate the job the Joint Committee on corrections has done in the past. We have always looked at the Joint Committee as someone on our side. Thank you for your support.

16. Does your institution have saturation housing? NO If so, how many beds?

17. Radio/Battery Needs:

- a. What is the number of radios in working condition? 300
- b. Do you have an adequate supply of batteries with a good life expectancy? Yes
- c. Are the conditioners/rechargers in good working order? Yes

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name:	Northeast Correctional Center		
Custody Level	C-4	Warden	James A. Hurley
Total Acreage	112 Acres	Address	13698 Airport Road Bowling Green, MO 63334
Acreage w/in Perimeter	42 Acres		
Square Footage	1,829,520	Telephone:	(573) 324-9975
Year Opened	1998	Fax:	(573) 324-5183
Operational Capacity/Count (as of January 15, 2012)	2106/2098		
General Population Beds (capacity and count as of January 15, 2012)	1914/1882	Deputy Warden	Chantay Godert, Offender Management
Segregation Beds (capacity and count as of January 15, 2012)	192/192	Deputy Warden	Alton Thompson, Operations
Treatment Beds (capacity and count as of January 15, 2012)	24/24	Asst. Warden	Richard Scott Griggs
Work Cadre Beds (capacity and count as of January 15, 2012)	N/A	Asst. Warden	N/A
Diagnostic Beds (capacity and count as of January 15, 2012)	N/A	Major	Timothy Truelove
Protective Custody Beds (capacity and count as of January 15, 2012)	N/A		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?
Fair
- b. What capital improvement projects do you foresee at this facility over the next six years?

1) Replacement of security systems control computer and numerous control panels:
Currently the computer in use is in need of repair and often malfunctions, causing doors to open without warning and/or causing areas in the institution to go into duress. These malfunctions range from the inability to secure doors, open doors, or allow doors to open without warning, which places staff and offenders in unsafe situations. Also affected is the facility's intercom system. The estimated cost to replace the computer and software is \$70,000. No funding is available through the institutional budget for repairs. Based on the current agreement with FMDC, the replacement falls under their umbrella of responsibility.

2) Del-Norte: *Our security fence system is obsolete and is difficult to find replacement parts to repair it. The Del-Norte is our first line of perimeter security.*

- 3) *Heating loop replacement: Our current underground system is deteriorating and often requires costly repairs, leading to increased heating costs.*
- 4) *Parking lot and perimeter road resurfacing: Currently the parking lot and perimeter road is in severe disrepair. Patching has been ongoing; however, due to a failing base under the asphalt, it needs a complete replacement. The present condition of these areas has led to numerous repair issues with perimeter patrol vehicles.*
- c. How critical do you believe those projects are to the long-term sustainability of this facility? *The above issues are listed in order of importance regarding sustainability.*

2. Staffing:

- a. Do you have any critical staff shortages? *Yes. We currently have 14 Corrections Officer I vacancies with an additional 9 Custody staff on extended leave of absence without pay. Six of those staff are on military leave, five of which have been gone at least six months.*
- b. What is your average vacancy rate for all staff and for custody staff only? *Average vacancy rate for all staff is 4%. Average vacancy rate for Custody is 4%. We are averaging 13 Corrections Officer I vacancies per month, plus an additional 8 to 10 on extended leave of absence. The extended leave absences were not counted as part of the vacancy percentages.*
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?
- d. What is the process for assigning overtime to staff? *Custody staff maintains a mandatory overtime list. Once a staff member on the top of the list works overtime, his/her name is placed on the bottom of the list. We do, however, allow staff to volunteer to work overtime in advance of being directed to do so to allow for more convenience.*
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?
- f. Is staff able to utilize accrued comp-time when they choose? *If we have enough staff to cover the shift, or if other staff have not previously requested the time period off, then staff may choose which time they use for comp time.*

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? *NECC currently has 284 offenders enrolled in school (53% of eligible offenders with E-scores ranging from 2-5).*
- b. How many (and %) of inmate students earn their GED each year in this institution? *Ninety-nine offenders take the GED test per year, of which 78% receive a passing grade.*
- c. What are some of the problems faced by offenders who enroll in education programs? *When offenders enter the educational program, they face three basic problems. First, they see no need for an education, as they believe they were making a living without one before. Secondly, they enter the program with 'learned failure' having had very little experience with success in their lives. Thirdly, many lack the self-discipline to plan for the future. They therefore have difficulty setting goals for themselves. It is difficult to attain a GED when short-sightedness dominates your lifestyle.*

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? *Gateway provides "Living in Balance" classes, "Relapse Prevention", "Reentry", Substance Abuse Classes (SBAR6M and LTARLT), and Education)*
- b. How many beds are allocated to those programs? *24 beds*
- c. How many offenders do those programs serve each year? *In 2011, 70 offenders participated in Gateway programs at NECC*

- d. What percent of offenders successfully complete those programs? **92.3%**
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? ***It can be difficult working around DOC schedule***

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution?

The Microcomputer Repair Program was originally established at Northeast Correctional Center in November 1998 with the first Microcomputer Repair and Refurbishing Class. This program was developed to have educational courses and a “Computers for Schools” program to offer both knowledge and experience to the students in this correctional facility.

Students begin course work in this program with the Microcomputer Repair and Refurbishing Class which is offered several times each year. They begin with five weeks of classroom instruction. This instruction provides students with the necessary tools to prepare them to enter the competitive field of PC repair. Topics discussed include personal computer hardware architecture and related operating systems. Students will learn individual system components, command line syntax, I/O Operations, Number Systems, Bus Architecture, IRQ-DMA, Multimedia Components and System Troubleshooting – Diagnostics. This course continues with five weeks of laboratory experience. It is the goal of this portion of the class to be able to verify the theory taught in the first part of the class by working on actual systems. Any student taking this class should be able, by its completion, to take all of the various pieces of a modern computer and assemble it into a complete, fully functional system. The student will complete a Pentium 4 system with DVD, surround sound, network card, updated video, and running Windows 7. He should have a full understanding of how to manage, upgrade, and repair this system as well as add it to a home network.

Additional classes are available to the students in Northeast Correctional Center by the Career and Technical Department. These classes are offered to students requesting them to expand the skills from the Microcomputer Repair Class. These classes are offered only occasionally as needed.

The Microcomputer A+ Certification Preparatory Class is offered to students about twice each year. It is the goal of the A+ class to become familiar with the industry standard A+ exam and to gain an understanding of areas of improvement needed to pass the test. This class contains ten (10) weeks of instruction and experience in the Computer Lab. Instruction topics are based on “Mike Meyers A+ Repair” 6th Edition and test are based on the Mike Meyers 2009 A+ Standard.

The Microcomputer Programming Class is offered about once each year. This course is intended to introduce the concepts of programming lasting ten (10) weeks. These concepts include Structured Design, Problem Solving Strategies, Best Practices of Documentation and Naming, and Object-Oriented Design, among others. The class will be organized as a combination of Lecture and Lab. Lecture days will be alternated with Lab Days throughout the course. Programming will be done with a blend of pseudocode and the Python Programming Language. Instruction topics are based on “A Guide to Programming with Python.”

The Microcomputer Applications Class is offered about once each year. This ten (10) week course provides students with practical, hands-on training in the current Microsoft Office. The course will cover the following Applications: Word, Excel, PowerPoint, Outlook and Access. Projects will be assigned to the students throughout the course. These projects will use the various

applications and will be geared towards practical, real-life activities. Instruction topics are based on current Microsoft Office guide manuals.

Topic specific courses are also being offered to a few students that have successfully completed multiple classes on a trial basis. We have had some students working on an Advanced Programming Course. In this class, students developed a project proposal with goals to effectively measure its progress. Weekly, the instructor advised the student on additional resources in addition to examining progress. Upon completion, the student showcases the project to this instructor and class. Additional classes of this nature are being researched and planned for the future

- b. How many offenders (and %) participate in these programs each year? *The following chart shows our enrollment in classes. The following are the actual class names from the abbreviations used in the chart.*

MCR – Microcomputer Repair and Refurbishing Class

A+ - A+ Certification Test Preparation Class

Prog – Microcomputer Programming Class

Appl – Microcomputer Applications Class

Adv Prog – Advanced Computer Programming Class

Total – This is the total enrollment of all the classes of the year. At present, we have approximately .04% of the population in the programs.

NECC/SCC Course Enrollment

Period	MCR	A+	Prog	Appl
<i>July 1, 1999 thru June 30, 2000</i>	<i>113</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>July 1, 2000 thru June 30, 2001</i>	<i>68</i>	<i>17</i>	<i>18</i>	<i>0</i>
<i>July 1, 2001 thru June 30, 2002</i>	<i>82</i>	<i>17</i>	<i>16</i>	<i>0</i>
<i>July 1, 2002 thru June 30, 2003</i>	<i>113</i>	<i>17</i>	<i>16</i>	<i>0</i>
<i>July 1, 2003 thru June 30, 2004</i>	<i>114</i>	<i>16</i>	<i>17</i>	<i>0</i>
<i>July 1, 2004 thru June 30, 2005</i>	<i>100</i>	<i>17</i>	<i>0</i>	<i>16</i>
<i>July 1, 2005 thru June 30, 2006</i>	<i>66</i>	<i>35</i>	<i>17</i>	<i>16</i>
<i>July 1, 2006 thru June 30, 2007</i>	<i>99</i>	<i>17</i>	<i>0</i>	<i>17</i>
<i>July 1, 2007 thru June 30, 2008</i>	<i>81</i>	<i>16</i>	<i>0</i>	<i>17</i>
<i>July 1, 2008 thru June 30, 2009</i>	<i>105</i>	<i>18</i>	<i>0</i>	<i>17</i>
<i>July 1, 2009 thru June 30, 2010</i>	<i>85</i>	<i>118</i>	<i>33</i>	<i>0</i>
<i>July 1, 2010 thru June 30, 2011</i>	<i>71</i>	<i>33</i>	<i>0</i>	<i>17</i>
<i>July 1, 2011 thru June 30, 2012</i>	<i>50</i>	<i>19</i>	<i>17</i>	<i>0</i>

- c. Do the programs lead to the award of a certificate?

Microcomputer Repair and Refurbishing Class students receive a certificate from St. Charles Community College, three (3) college credits from St. Charles Community College, and a certificate for a completed U.S. Department of Labor Apprenticeship.

A+ Certification Test Preparation Class students can receive a letter for completing the course from St. Charles Community College and may schedule to take the A+ Repair Certification Test upon their release.

Microcomputer Programming Class students may receive a letter from St. Charles Community College for completion with basic computer programming skills.

Microcomputer Applications Class students may receive a St. Charles Community College letter for completion with knowledge and skills for using Microsoft Office Applications.

Advanced Computer Programming Class students may receive a St. Charles Community College letter for completion with knowledge and skills in computer programming.

- d. Do you offer any training related to computer skills? Yes. *All St. Charles Community College Career and Technical Courses provide skills in various areas of computer skills.*

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?

MVE Office Systems Factory (OSF) produces office systems that include fabric-covered panels, laminated work surfaces and laminated file cabinets.

- b. How many (and %) of offenders work for MVE at this site?

There are currently 62 offender workers in the program, varying slightly at any given time. The maximum is roughly 3% of the NECC population.

- c. Who are the customers for those products? *NECC OSF produces its products and sells them to various State departmental agencies, cities, counties and to the Arkansas Department of Corrections.*

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? Yes – *NECC has been accredited by NCCHC since September 2001.*

- b. How many offenders are seen in chronic care clinics? *Total chronic care clinic enrollments for NECC 1,493. Some offenders are in more than one clinic.*

- c. What are some examples of common medical conditions seen in the medical unit? *In addition to the chronic care conditions to include but not limited to pulmonary, cardiac, hypertension, diabetes conditions are; minor injuries, complaints of feet problems – wanting special shoes, back pain/past injuries, lots of chronic pain related to orthopedic problems or past injuries.*

- d. What are you doing to provide health education to offenders? *During offender chronic care encounters with nurse, education is provided with regard to specific conditions which affect their related diagnosis such as diets, exercise, insuring medication regimen ordered by the doctor is as prescribed and why such is necessary. Smoking cessation classes are offered to interested offenders. Postings are done to encourage sign up for classes.*
Additional education is done when an offender/patient is identified as being non-compliant with medications

- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? *We have not had an active case of tuberculosis at this facility. We have housed offenders with suspected for isolation in a negative air room however none have been identified with active disease*

- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain

Yes, with activities of daily living. Ambulation for elderly offenders accessing food service areas and walks to medical clinic is challenging for those that require assistive device or just take longer to get from one place to another. In the past year an area was identified within the facility to house those requiring the use of oxygen concentrators. This became

necessary because NECC only has a 10 bed infirmary and with limited inpatient beds these are needed for more acute patients returning from surgery, unable to take care of themselves such as a quadriplegic, patients requiring skilled care such as recovering from long term effects of cancer treatments and those with other end stage diseases.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? *The number one way for offenders to access Mental Health Services is by MSR. The MSR's are triaged by the psychiatric nurse upon receipt and assigned to QMHP's to be seen. After evaluation, the offender would be referred to a psychiatrist, if appropriate. OR- We would also respond to an offender's correspondence requesting to be seen following the above procedure. OR- An offender could inform any staff that they are having mental health issues and the staff member could send a request for the offender to be seen.*
 - b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? *There were no offenders who had a successful suicide attempt in 2011.*
 - c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? *At present (monthly report for December 2011), there were 377 offenders taking psychotropic medication.*
 - d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? *As of January 16, 2012, there are 290 offenders who are chronically or seriously mentally ill. The following lists options available to fit their needs:*
 - 1) *Each MH 3, 4, or 5 is seen once every month by an assigned therapist.*
 - 2) *Each MH 3,4 or 5 is seen once every 90 days or more by the Psychiatrist to manage medication*
 - 3) *Rounds are conducted each week to see MH 3, 4 & 5's while they are in the AdSeg unit (puzzles and other programming is administered weekly, or as needed)*
 - 4) *The Mental Health unit offers a number of groups to assist the offenders at NECC*
 - 5) *The Mental health offices see all MH 3, 4, and 5's upon arrival at NECC, along with other offenders.*
 - 6) *Mental Health conducts rounds on a weekly basis in TCU, seeing all offenders and addressing their mental health needs.*
 - 7) *Mental Health assists MH 3's and 4's in preparing for release to ensure a seamless transition to society.*
 - 8) *Mental Health coordinates with medical, custody and administrative staff to ensure proper treatment and placement of mental health patients*
 - 9) *Mental Health is on call 24 hours a day if any issues arise after hours.*
9. What is your greatest challenge in managing this institution? *Staff vacancies coupled with extended and intermittent FMLA medical leave, as well as management with compensatory time. The loss of experienced staff to retirement and/or jobs with better pay and benefits also hits us hard. In addition, the institution has experienced turnover in key administrative positions at the level of Warden, Deputy Warden and Chief of Custody. As with any change in leadership, it takes time for staff to adapt and embrace new leadership styles and philosophies.*
10. What is your greatest asset to assist you in managing this institution? *The experience and knowledge of staff in administrative, mid-level management and in line staff positions.*
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

North East Correctional Center's Vehicles Range from year 1996 to 2009, our oldest vehicle is a 1996 Chevrolet p/u truck, our newest vehicle is a 2009 Ford Crown Victoria.

Vehicle Mileage ranges from 42,200 to 213,595 with Our Inmate transportation Bus having the highest. Overall our fleet is in Good condition. Our Fuel Economy Ranges from lowest @ 9 mpg to highest @ 28-30 mpg. We classify our vehicles as follows:

Vehicle Perimeter Patrol: Three vehicles and one specialty backup 4wd for inclement weather.

Inmate Transportation: Fourteen vehicles including a handicap van and large capacity transportation bus.

Staff Pool Vehicles: Three vehicles used for transporting staff members to training or specific job duties.

Maintenance Special Vehicles and Trucks: Eight vehicles used for maintaining Institution (snow removal, dump trucks, pulling heavy loads, etc.)

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (**Please have the Major answer**)

The morale at NECC is currently at about medium range. Morale has been impacted by rising insurance costs, staffing shortages, and no cost-of-living/pay raises in several years.

13. Caseworkers:

- A. How many caseworkers are assigned to this institution? *NECC has 22 caseworkers (21 in position)*
- B. Do you currently have any caseworker vacancies? *NECC has two (2) vacancies as of 2/1/12*
- C. Do the caseworkers accumulate comp-time? *Seldom. If they do, they are asked to use it as soon as they can.*
- D. Do the caseworkers at this institution work alternative schedules? *No.*
- E. How do inmates gain access to meet with caseworkers? *Open office hours, offender requests and call outs.*
- F. Average caseload size per caseworker? *Average case load is 95.7/1*
 - # of disciplinary hearings per month? *578.67*
 - # of IRR's and grievances per month? *138.08*
 - # of transfers written per month? *120.91*
 - # of re-classification analysis (RCA's) per month? *410.92*
- G. Are there any services that you believe caseworkers should be providing, but are not providing? *None.*
 - I. If so, what are the barriers that prevent caseworkers from delivering these services?
 - J. What type of inmate programs/classes are the caseworkers at this institution involved in? *ESLS, Homeward Bound (Puppies for Parole), Anger Management, Inside Out Dads, Hospice, Pathways to Change, and Impact of Crime on Victims Class.*
 - K. What other duties are assigned to caseworkers at this institution? *Assisting Custody as needed, participating with institutional emergency scenarios, participating on committees (Special Olympics, Crime Victims Week, DNA Collection).*

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? *NECC has five (5) Institutional Parole Officers and one (1) Unit Supervisor*
- B. Do you currently have any staff shortages? *No*
- C. Do the parole officers accumulate comp-time? *No*
- D. Do the parole officers at this institution flex their time, work alternative schedules? *Four (4) Institutional Parole Officers, work five days a week, eight hours a day. Arrival times vary*

from 7:00am to 7:30am. One (1) Institutional Parole Officer works four ten-hour days. With prior approval from the Unit Supervisor, staff is allowed to flex their schedule within that week.

- E. How do inmates gain access to meet with parole officers? *All offenders use the “kite” system and write their Institutional Parole Officer a note that is reviewed by the IPO. The offender either receives a reply by mail or is put on a call out to see his Institutional Parole Officer. Officers also have call outs for offenders they need to see to complete a report, home plan, return answer, etc.*
 - F. Average caseload size per parole officer? *Approximately 421*
 - # of pre-parole hearing reports per month? *Approximately 75 per month*
 - # of community placement reports per month? *Approximately 5 per month*
 - # of investigation requests per month? *Approximately 24 per month*
 - G. Are there any services that you believe parole officers should be providing, but are not providing? *No*
 - H. If so, what are the barriers that prevent officers from delivering these services? *N/A*
 - I. What type of inmate programs/classes are the parole officers at this institution involved in?
NECC has two officers that help facilitate the Impact of Crime on Victims Class. Another staff person is actively involved in the Inside Out Dads program.
15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. *No major issues at this time.*
16. Does your institution have saturation housing? If so, how many beds? *NECC does not*

17. Radio/Battery Needs:

- a. What is the number of radios in working condition? *339*
- b. Do you have an adequate supply of batteries with a good life expectancy? *We currently have 32 new batteries in the Armory and 15-20 extras to be used as replacements (though some have only one tap left before they are useless)*
- c. Are the conditioners/rechargers in good working order? *Five of the 27 rechargers are useful. Six bank chargers are broken, but currently we are getting by with the single chargers.*
Note: In 2012 the institution will be receiving and installing a completely new base station, radios and batteries obtained through a federal grant.

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name:	Ozark Correctional Center		
Custody Level	C2	Warden	Ed Davis
Total Acreage	80	Address	929 Honor Camp Lane
Acreage w/in Perimeter	12		Fordland, MO 65652
Square Footage	166,185	Telephone:	417-767-2606
Year Opened	1963	Fax:	417-767-2014
Operational Capacity/Count (as of January 15, 2012)	645		
General Population Beds (capacity and count as of January 15, 2012)	650	Deputy Warden	Offender Management Brian O'Connell
Segregation Beds (capacity and count as of January 15, 2012)	16	Deputy Warden	Operations Stacy Kleier
Treatment Beds (capacity and count as of January 15, 2012)	650	Asst. Warden	N/A
Work Cadre Beds (capacity and count as of January 15, 2012)	0	Asst. Warden	N/A
Diagnostic Beds (capacity and count as of January 15, 2012)	650	Major	Johnny Burkdoll
Protective Custody Beds (capacity and count as of January 15, 2012)	0		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?

OCC is an older facility, but good overall, with a few areas poor to fair. Steady improvements have been made to infrastructure and buildings over the years. A perimeter camera system has been installed in the last two years, and wastewater treatment expansion/upgrade and radio system replacement should happen in the next few months. Electrical services still need to be modernized.

- b. What capital improvement projects do you foresee at this facility over the next six years?

Presently the facility has HT1000 radios, which have been discontinued for several years. We have been unable to purchase some parts or even have repairs made, which has made it difficult to maintain communications.

Due to the FCC 2013 mandate to change radio frequencies from wideband frequencies to narrow band frequencies, the department has had to purchase a replacement radio system for OCC. New equipment has been received and will be operational in the next few months.

Phosphate control in our waste water system is another critical concern. As part of the James River Basin, we are required to lower phosphate levels in our wastewater to very minimal levels. Our efforts to lower levels by restricting or eliminating phosphate soaps, hygiene products and cleaners have not been sufficient. An upgrade to our wastewater treatment system (including the addition of another clarifier) is set to begin within the next month, and this should address these concerns.

Electrical service to our institution and throughout our buildings is insufficient for modern business use. Our service pre-dates computers, video and most common modern business use. All buildings including Housing Units are maxed out on circuits used and panel boxes. We are also susceptible to power spikes and lightning. A thorough electrical needs audit should be performed and our service upgraded accordingly.

- c. How critical do you believe those projects are to the long-term sustainability of this facility?

Replacing the radio system and ensuring phosphate levels are below the regulated amount are very critical to the long-term sustainability of the institution, and are currently being addressed. Improvements to the electrical services while important to operations, do not impact long-term sustainability to the same degree as the aforementioned issues.

2. Staffing:

- a. Do you have any critical staff shortages?

We do not currently have any critical staff shortages, and we have been able to fill positions as they come available.

- b. What is your average vacancy rate for all staff and for custody staff only?

5% for all staff and 1-2% for custody staff

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?

Supervisory staff manages comp-time very closely, and are achieving the needed savings. We rarely accrue more comp-time than is used in a given period. Staff members are taking the time off in the week it is earned, minimizing the accrual and pay out of comp-time.

- d. What is the process for assigning overtime to staff?

OCC has minimal overtime accrual which is usually due to unique circumstances requiring holding over existing custody staff, i.e. transportation/medical runs. If the need would arise to assign overtime to staff, OCC would do so in accordance with union agreements.

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?

Approximately 80% time off and 20% paid off

- f. Is staff able to utilize accrued comp-time when they choose?

Non-Custody staff is usually able to take this time as requested. Custody staff try to flex any time gained in the same week if possible. Otherwise, they submit a request to have time off and if the schedule permits, the supervisors will do all they can to grant the request.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?

165 offenders are enrolled, 25.4% of OCC population

- b. How many (and %) of inmate students earn their GED each year in this institution?

FY10 – 61 passed 88.4% FY11 – 62 passed 84.9%

- c. What are some of the problems faced by offenders who enroll in education programs?

The daily schedule of OCC offenders is tightly managed. They participate in an intensive long-term substance abuse treatment program, attend school if required, and maintain a part-time institutional job. Nearly all the students enrolled in GED classes are at least six years behind their appropriate grade level, especially in the basic subjects of reading and mathematics. Most of the students have been out of school for several years, which minimizes the chances of their having good study habits, which in turn, places them at a disadvantage.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?

OCC is a dedicated treatment institution. All offenders are participants in a long-term therapeutic community based treatment program. Most of our offenders are sentenced to the long-term treatment program by the courts under the RSMo 217.362 statute. We also have some offenders who are ordered by the Parole Board to complete a long-term treatment program as a stipulation of release on parole. Treatment services are provided through a contract with Gateway Foundation.

- b. How many beds are allocated to those programs?

650 beds

- c. How many offenders do those programs serve each year?

At any one time, we are serving 650 offenders.

- d. What percent of offenders successfully complete those programs?

Approximately 90%

- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?

The co-morbid relationship between criminal behavior, attitudes, thinking, and substance dependence is a constant challenge. We also struggle daily, hourly at times, with space limitations. We are required, under our contract, to provide a certain number of treatment activities, and a limited amount of space is available for groups, classes, etc. We schedule programming very tightly and run two shifts of counseling staff to meet the needs of offenders.

5. Vocational Programs: DOES NOT APPLY TO OCC

- a. What types of vocational education programs are offered at this institution?
- b. How many offenders (and %) participate in these programs each year?
- c. Do the programs lead to the award of a certificate?
- d. Do you offer any training related to computer skills?

6. Missouri Vocational Enterprises: DOES NOT APPLY TO OCC

- a. What products are manufactured at this institution?
- b. How many (and %) of offenders work for MVE at this site?
- c. Who are the customers for those products?
- d. What skills are the offenders gaining to help them when released back to the community?

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?

Yes

- b. How many offenders are seen in chronic care clinics?

Approximately 400 offenders

- c. What are some examples of common medical conditions seen in the medical unit?

Back Pain, Common Colds/Allergies, Strains/Sprains

- d. What are you doing to provide health education to offenders?

Intake information provided upon arrival to OCC by medical staff.

Receive information from Chronic Care nurse and physicians.

Yearly Health Fair

Educational pamphlets available for offenders

Offenders receive educational handouts during nurse sick call visits.

OCC Offender Channel on cable T.V.

At the request of the offender

“Waist Watchers” program (joint effort between Medical and Recreation Departments)

- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?

No

- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain

Yes, ages of offenders are increasing which in turn increases the medical issues that each offender has and many of which were not diagnosed or treated on the street. If they had been diagnosed prior to incarceration, very few actually had been compliant with their medical treatment.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?

All offenders are screened for mental health treatment needs by licensed mental health staff at the diagnostic and reception center prior to being assigned to OCC. Upon arrival here, offenders can access services by submitting a Medical Services Request form. Offenders who have significant mental health needs (MH-3) are automatically enrolled in the chronic mental health care clinic upon arrival. If psychiatric medication is warranted, they are seen by the psychiatrist on a regular basis, and are seen individually by mental health staff at least monthly. All the offenders enrolled in the chronic mental health clinic are assigned to a Master’s Level Gateway counselor who has experience in treating the co-occurring substance abuse disorder and mental health issue.

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

There were no successful suicides last year. Licensed mental health staff conducts Suicide Prevention training for staff. Crisis Intervention services are provided and suicide watch procedures are ordered by mental health professionals when appropriate. A licensed mental health staff member is on call 24 hours a day, 7 days a week.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

Approximately 76 offenders, 11.7% of the offender population

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

We currently are serving 94 offenders in the chronic mental health clinic. There are also 10 other offenders that are seen regularly, as a preventive measure, with borderline IQ scores that are not officially MH-3's, but who do struggle with the daily rigors of treatment. As indicated above, these offenders are seen regularly by the psychiatrist, and by therapists for counseling, group therapy and other services.

9. What is your greatest challenge in managing this institution?

Limited budget for upkeep of an older facility, and the lack of adequate space for programming that is required under our contract with the Gateway Foundation.

10. What is your greatest asset to assist you in managing this institution?

We are very fortunate to have been able to recruit and retain exceptional staff, especially supervisory staff. All OCC staff are committed to the mission of long-term treatment, and to the therapeutic community model.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

High mileage; fair to good condition. We are in need of a handicapped vehicle, as we do serve wheelchair-bound offenders.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (Please have the Major answer)

Morale is currently assessed as medium for custody staff. OCC is generally a pretty positive environment, however, economic concerns have taken their toll on morale. There is quite a bit of dissatisfaction with the lack of salary increases and rising health care premiums.

13. Caseworkers:

- A. How many caseworkers are assigned to this institution?

We have nine total positions (8 CCM I/II positions with one serving as Grievance Officer and 1 CCA)

- B. Do you currently have any caseworker vacancies?

Yes one CCM I

C. Do the caseworkers accumulate comp-time?

Rarely

D. Do the caseworkers at this institution work alternative schedules?

Yes, some work 10 hour shifts.

E. How do inmates gain access to meet with caseworkers?

Open door policy and by appointment

F. Average caseload size per caseworker?	93
• # of disciplinary hearings per month?	58
• # of IRR's and grievances per month?	15
• # of transfers written per month?	5-10
• # of re-classification analysis (RCA's) per month?	72

G. Are there any services that you believe caseworkers should be providing, but are not providing?

No

H. If so, what are the barriers that prevent caseworkers from delivering these services? N/A

I. What type of inmate programs/classes are the caseworkers at this institution involved in?

Work Release, Pathway to Change and Puppies for Parole

J. What other duties are assigned to caseworkers at this institution?

Back-up to custody in Housing Units (2nd officer): help count (including clerical); Schedule/Coordinate Community Work Projects, Social Security cards, Birth Certificates, State IDs, Offender Management Team, New R & O orientation.

14. Institutional Probation and Parole officers:

A. How many parole officers are assigned to this institution?	3
B. Do you currently have any staff shortages?	NO
C. Do the parole officers accumulate comp-time?	Rarely
D. Do the parole officers at this institution flex their time, work alternative schedules?	Flex
E. How do inmates gain access to meet with parole officers?	

Open door is held 3 days per week for two hours, and 30 minutes on Friday for Work Release offenders. They also make appointments or walk-ins on urgent issues.

F. Average caseload size per parole officer? **215-220**

- # of pre-parole hearing reports per month?

1-2 per month due to court ordered treatment, 55-60 court reports per month

- # of community placement reports per month?

- **None as very few Board only offenders**
- # of investigation requests per month?

6-8 as mostly court cases at OCC

G. Are there any services that you believe parole officers should be providing, but are not providing? **No**

H. If so, what are the barriers that prevent officers from delivering these services? **N/A**

I. What type of inmate programs/classes are the parole officers at this institution involved in?

New Offender orientation on Thursday, meet individually with each offender when he phases up from Phase II to Phase III to make aftercare referrals, home plans, employment plan and discuss release issues, etc.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

16. Does your institution have saturation housing? If so, how many beds?

Yes 14 beds

17. Radio/Battery Needs:

a. What is the number of radios in working condition?

Approximately 50 and in need of more.

b. Do you have an adequate supply of batteries with a good life expectancy?

No

c. Are the conditioners/rechargers in good working order?

Fair Condition

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Potosi Correctional Center				
Custody Level	C-5		Warden	Troy Steele
Total Acreage	128.77		Address	11593 State Highway 0 Mineral Point, MO 63660
Acreage w/in Perimeter	35			
Square Footage	314,663		Telephone:	573-438-6000
Year Opened	1989		Fax:	573-438-6006
Operational Capacity/Count (as of January 15, 2012)	903/899			
General Population Beds (capacity and count as of January 15, 2012)	584/584		Deputy Warden	Fred Johnson Deputy Warden Offender Management
Segregation Beds (capacity and count as of January 15, 2012)	146/132		Deputy Warden	Ian Wallace Deputy Warden Operations
Treatment Beds (capacity and count as of January 15, 2012)	46/46		Asst. Warden	Jamie Crump
Work Cadre Beds (capacity and count as of January 15, 2012)	90/90		Asst. Warden	N/A
Diagnostic Beds (capacity and count as of January 15, 2012)	N/A		Major	Greg Dunn
Protective Custody Beds (capacity and count as of January 15, 2012)	46/46			

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution? **The overall condition of the physical plant is considered fair.**
- b. What capital improvement projects do you foresee at this facility over the next six years? **Four of six Capital Improvement Projects remain that were submitted to the Construction Unit on June 25, 2004. The following are the projects submitted in order of site priority.**
 - 1) Replace electronic door control system.
 - 2) Renovate showers and restrooms and replace 4 each HVAC units at Minimum Security Unit.
 - 3) Seal outer walls and upgrade exhaust systems in the Housing Units to stop excessive moisture and humidity.
 - 3) Install 2" asphalt overlay on existing roads and parking lots. (Perimeter Road completed)
- c. How critical do you believe those projects are to the long-term sustainability of this facility? **All of the above listed projects are important to either the security or operation of this**

facility. #1 – Door controls are critical to safety and security. The current system is outdated and not supported. At this time we are able to maintain this system by repairing electronic cards. #2 – Toilet and shower facilities are not adequate for the number of offenders housed in Housing Unit 7. Some items were upgraded during the recent ESCO water conservation project. #3 – There is a considerable amount of humidity created in the housing units during the heating season. The system was originally designed for one offender per cell but was increased to two offenders in the 1990s. #4 – Perimeter road has been repaved. The parking lot is in poor condition and deteriorates more each year. We are currently patching major potholes as needed.

2. Staffing:

- a. Do you have any critical staff shortages? **No.**
- b. What is your average vacancy rate for all staff and for custody staff only? **Average yearly vacancy rates are: Non custody 16%; Custody 13%.**
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?
Due to budget issues, the Department has implemented a comp-time control system to reduce, eliminate or keep comp-time to a minimum. We have to constantly monitor comp-time and avoid overtime if possible. For example, we adjust people's work schedules for training if needed to avoid comp-time accrual. This means that occasionally there might be some programs we are not able to run due to shortage of staff as we cannot allow others to work overtime to cover those programs as in the past.
- d. What is the process for assigning overtime to staff? **First the shift commander asks for volunteers to work overtime. If there are no volunteers, then they use a list with staff (in reverse seniority order) and mandate the next person to work overtime. If selected, the person is marked off the list and not made to work overtime again until the entire list has been used. (The Shift Commanders say that the list is rarely ever utilized ever since COI's and COII's were permitted to payout their comp-time.)**
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? **As time off- approximately 50%; as paid off approximately 50%. This generally only applies to custody staff since non-custody avoid comp-time accruals altogether (see below). Also, only custody COI's and COII's are currently allowed to payout comp-time due to budget/funding issues.**
- f. Is staff able to utilize accrued comp-time when they choose? **Custody: For the most part, yes. Comp-time requests are accommodated as long as there is enough staff coverage available for the shift/date requested. Non-Custody staff: No, work schedules are adjusted utilizing alternative work schedules to flex any overtime hours earned in the same work week to eliminate the accrual of comp-time.**

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?
The Education Department was removed from PCC in June 2005. We do, however, have a class sponsored by two VIC's for offenders to earn their GED. The VIC's come in to supervise the program. We currently have 19 (.67%) offenders enrolled out of a population of 896 in PCC proper.
- b. How many (and %) of inmate students earn their GED each year in this institution? **Five to six offenders each year: 2008: 6 offenders: 2009 6 offenders: 2010: 5 offenders: 2011: 5 offenders.**
- c. What are some of the problems faced by offenders who enroll in education programs?
Classes take place during the offender's recreation time. Some offenders/students don't

have anyone to ask when they have trouble with homework because those who are teaching them are volunteers and not at the institution on a full-time basis.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? **We offer N/A and A/A on a volunteer basis or as part of a program plan.**
- b. How many beds are allocated to those programs? **No beds are allocated for drug treatment offenders.**
- c. How many offenders do those programs serve each year? **40 to 80 (Depends on participation).**
- d. What percent of offenders successfully complete those programs? **Approximately 85% complete the program.**
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? **Lack of qualified staff and volunteers to teach these programs.**

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution? **The only vocational programs offered are by Missouri Vocational Enterprises (MVE), and they are on the job training hours.**
- b. How many offenders (and %) participate in these programs each year? **We currently have 30 offenders participating in on the job training.**
- c. Do the programs lead to the award of a certificate? **While offenders work they accumulate OJT hours. Once they have accumulated 2,000 OJT hours they receive a certificate.**
- d. Do you offer any training related to computer skills? **MVE does not offer any training related to computer skills. However, computer training offered by VIC's and offender tutors is utilized in the MVE for lay-out, programming and operation of a precision plasma-arc metal cutting machine.**

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution? **MVE Tube Bending Factory manufactures various farm products, hunting products, which include deer stands, cattle panels/gates as well as miscellaneous steel fabricated products such as barbecue grills, chair frames and special projects on request, i.e., pull carts, ramps, bird feeders and plant hangers.**
- b. How many (and %) of offenders work for MVE at this site? **There are currently 30 offenders working at this site which is 3.01%.**
- c. Who are the customers for those products? **State agencies, non-profit organizations and individual state employees all purchase products from MVE Tube Bending Factory.**
- d. What skills are the offenders gaining to help them when released back to the community? **Offenders working at MVE Tube Bending Factory acquire various steel fabrication skills such as welding, steel tube bending, cutting, small machine set-up and operation and inspection. Offenders in clerical positions become proficient in accounting, planning and expediting of goods and services. Finally, all offender employees are required to take courses in computer literacy and workplace essentials (resume building, personal conduct in the workplace, time management, etc.)**

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? **The medical unit at PCC has been NCCHC accredited since February 1996. We received re-accreditation in 2011. The next survey should take place in the Spring of 2014.**

- b. How many offenders are seen in chronic care clinics? **Currently there are 596 offenders enrolled in chronic care clinics. During FY'11 the physician had a total of 1,558 chronic care encounters. The number of chronic care enrollees continues to increase annually, with the Cardiovascular chronic care clinic accounting for 37% of all chronic care encounters.**
- c. What are some examples of common medical conditions seen in the medical unit? **The medical unit handles a wide variety of illnesses, both acute and chronic. The most common acute illnesses include chest pain, lacerations, and orthopedic issues. The most common chronic illnesses are high blood pressure, Hepatitis C, and diabetes.**
- d. What are you doing to provide health education to offenders? **Education relating to the offender's current complaint is provided during all medical encounters. Additionally, an offender health fair is held annually. The closed circuit television channel is utilized to provide offenders with health information.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? **There have been no active cases of tuberculosis at Potosi Correctional Center.**
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. **The prison population is an aging population. Most correctional centers are not designed with the elderly offender in mind. While a certain number of handicapped cells are available statewide, there aren't enough to accommodate the handicapped and the elderly. Many infirmary beds statewide are filled with elderly patients who cannot function in the general population. The need for these skilled nursing beds has drastically reduced the number of beds available for acutely ill patients. Housing of the elderly offender is not the only concern. These offenders have a variety of personal and healthcare needs that are very difficult to meet in this environment. Chronological age is an important consideration in this environment; however, knowing that most offenders' "physical age" is 10-15 years older than their chronological age, greatly increases the number of people who fall into this aging population. As the population continues to age, the need for a skilled nursing center/long term care center within a correctional center becomes more evident. The recent opening of Extended Care Units in the state has provided some relief to this population; however, there is a greater need than these units can meet at this time.**

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? **Medical Services Request; Referral from medical physician; referral from Qualified Mental Health Professional (QMHP); or if classified as a need by Diagnostic Reception Center when entering Department of Corrections.**
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? **There were no suicides at PCC this year. We have installed cameras in cells in Housing Unit 2 and continue to conduct suicide intervention classes for correctional staff.**
- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **218 offenders (24%) are taking psychotropic medications at this time.**
- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **As mentioned above, we currently have 218 offenders who are being prescribed psychotropic medications. Currently, we have 238 in the chronic care case load which reflects 20 who are being monitored after medications have been discontinued or who are in our Special Needs Unit (SNU) that do not take any medications. Of those that are not in SNU, they will be monitored for a period of time**

and discharged from chronic care clinic if they remain stable. Of the 218 we currently have 11 who are on involuntary medication status which is reviewed every six months. All offenders are seen by the Qualified Mental Health Professional (QMHP) every 30 days. MH-4's are seen by the psychiatrist every 30 days, and MH-3's are seen by the psychiatrist every 90 days. Those on involuntary medications are seen by the psychiatrist every 2 weeks and those in SNU are seen by the psychiatrist every 30 days.

9. What is your greatest challenge in managing this institution? **Staffing:** Over the last several years with the cuts across the board we are down to essential staffing. With sickness, vacations and other issues we have fallen below these allocations which results in instituting critical staffing patterns for safety and security. Funding cuts in operational/maintenance budgets were detrimental not only in maintaining the physical structure of the institution but also with the vehicle fleet.
10. What is your greatest asset to assist you in managing this institution? **Staff.** We have dedicated staff that even with the cuts are willing to go up and above their job expectations to ensure tasks are completed.
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?) **Poor, a large percentage of our vehicles have very high mileage and several have operational issues. Below is a listing of the twenty-one vehicles in the fleet which provides the current mileage and condition of the vehicles.**

LICENSE #	ASSIGNMENT	MILEAGE	STATUS
13-0400	POOL/1999 Crown Victoria	131,524	Fair
13-0405	POOL/2000 Chevy Impala	130,405	Fair
13-0408	DUMP TRUCK/1988	20,742	Poor
13-0409	POOL/2001 Crown Victoria	115,410	Pending Repair
13-0412	SECURE CAR/1997 Crown Victoria	133,945	Pending Repair
13-0415	VEHICLE PATROL/1997 Crown Victoria	129,027	Pending Repair
13-0417	PICKUP/1989 Dodge	85,170	Poor
13-0051	POOL/2002 Crown Victoria	114,352	Pending Repair
13-0514	VEHICLE PATROL/2000 Crown Victoria	165,667	Deadlined
13-0882	JEEP /1992 BAD WEATHER	107,063	Fair
13-0231	VAN-MULTI PURPOSE/1999 Ford	126,140	Fair
32-0278	MINI VAN POOL/2008 Chevy Uplander	31,544	Fair
13-0284	CTU SECURE CAR/2006 Crown Victoria	134,260	Pending Repair
13-0411	CTU HANDICAP VAN	21,428	Fair
13-0723	CTU SECURE CAR/2007 Crown Victoria	76,000	Fair
13-0780	CTU SECURE CAR/2004 Crown Victoria	135,585	Fair
13-0786	CTU SECURE CAR/2007 Crown Victoria	72,647	Fair
13-0796	CTU SECURE CAR/2006 Crown Victoria	105,697	Pending Repair
13-0810	CTU SECURE MAXI VAN/2005 FORD	28,041	Fair
32-0281	MAIL VAN/2008 Chevy Uplander	156,412	Fair
13-0898	BOX TRUCK- MVE/FORD	73,650	Pending Repair

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **At the present time I would assess that morale of all staff is low. There have been many changes over the past years which affected Potosi Correctional Center. These changes have been difficult for many staff due to their economic impact. Corrections employees are in**

the same position as other state employees. Over the past few years there have been no wage increases while health insurance and “cost of living” continues to climb. In effect, people are working for less each year, and they perceive a future that’s in jeopardy. Additionally, our employees are being asked to do more work with less staff and with equipment which is beginning to deteriorate with us not having the ability to replace.

13. Caseworkers:

- A. How many caseworkers are assigned to this institution? **10 Case Manager II's, 1 Case Manager III and 2 Corrections Classification Assistants.**
- B. Do you currently have any caseworker vacancies? **There are no current vacancies.**
- C. Do the caseworkers accumulate comp-time? **Case Managers are required to utilize flex time to avoid compensatory time.**
- D. Do the caseworkers at this institution work alternative schedules? **The Case Manager flexes their work schedules to meet the needs of their respective housing unit.**
- E. How do inmates gain access to meet with caseworkers? **Offenders in General Population access the caseworker through daily office hours. Administrative Segregation offenders access the caseworker during daily rounds by the Case Management staff.**
Average caseload size per caseworker? **85**
 - # of disciplinary hearings per month? **140**
 - # of IRR's and grievances per month? **108**
 - # of transfers written per month? **15**
 - # of re-classification analysis (RCA's) per month? **100**
- F. Are there any services that you believe caseworkers should be providing, but are not providing? **All services sanctioned by the Department of Corrections are being offered by PCC Case Managers.**
- G. If so, what are the barriers that prevent caseworkers from delivering these services? **N/A**
- H. What type of inmate programs/classes are the caseworkers at this institution involved in? **ICVC; Anger Management; Pathways to Change, Long Distance Dads, Transitional Training, and ES/LS.**
- I. What other duties are assigned to caseworkers at this institution? **Programs Coordinator, Grievance Officer, Puppies for Parole, Offender Photo and I.D. updates and assisting custody staff as needed.**

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? **One full time Parole Officer and one half-time Parole Officer.**
- B. Do you currently have any staff shortages? **No.**
- C. Do the parole officers accumulate comp-time? **At times of increased workload they may accumulate comp-time, but only under unique circumstances, certainly not on a regular basis.**
- D. Do the parole officers at this institution flex their time, work alternative schedules? **Yes, when it is necessary to provide better service to the offenders.**
- E. How do inmates gain access to meet with parole officers? **The parole officers are made available in the housing units and the offender can make a request using standard written form that is placed in the offender's daily mail.**
- F. Average caseload size per parole officer?
 - # of pre-parole hearing reports per month? **Fifteen**
 - # of community placement reports per month? **Ten**

- # of investigation requests per month? **Ten**
 - G. Are there any services that you believe parole officers should be providing, but are not providing? **Not at this time.**
 - H. If so, what are the barriers that prevent officers from delivering these services? **N/A**
 - I. What type of inmate programs/classes are the parole officers at this institution involved in?
Pre-release classes and Pathways to Change programming.
15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. **VEHICLE FLEET:** The condition of the vehicle fleet is reaching the critical point. The vehicles have high mileage and we are spending more in maintenance and repairs than some of the vehicles are worth. **SALARY & BENEFITS:** Raising insurance costs and no cost of living raises to subsidize have caused an additional hardship on staff and led to reduced morale. We continue to lose personnel to the city, other state and federal agencies as the pay structure for employees is substandard. **LOCKING SYSTEM:** The locking system and other internal security devices have deteriorated over the past 23 years and are becoming antiquated and the funding has not been made available to replace and/or update.
16. Does your institution have saturation housing? If so, how many beds? **Effective January 1, 2010 forty-one (41) offenders were added as saturation to our operating capacity increasing it to 903.**
17. **Radio/Battery Needs:**
- a. What is the number of radios in working condition? **At the present time PCC has for use, 280 hand-held radios, and that number is adequate. However, of those 280, 101 of them are Motorola HT-1000 model. Although they do function, they desperately need to be replaced. These radios will not be functional AT ALL within new federally required "narrow band" applications.**
 - b. Do you have an adequate supply of batteries with a good life expectancy? **At the present time, we are awaiting replacement of all radio equipment. Although we are in need of batteries and conditioners, we've been trying to maintain a balance between keeping radio equipment working and avoiding spending money on equipment that will be rendered obsolete when replacement actually occurs.**
 - c. Are the conditioners/rechargers in good working order? **We have battery conditioners on hand, some of which are broken. We are able to recondition batteries, but it has become very staff intensive due to the number of working conditioners.**

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name:	South Central Correctional Center		
Custody Level	C-5	Warden	Michael Bowersox
Total Acreage	205	Address	255 West Highway 32
Acreage w/in Perimeter	45		Licking, MO 65542
Square Footage	400,000	Telephone:	(573) 674-4470
Year Opened	2000	Fax:	(573) 674-4908
Operational Capacity/Count (as of January 15, 2012)	1692/1575		
General Population Beds (capacity and count as of January 15, 2012)	1152/1150	Deputy Warden	Terrena Ballinger
Segregation Beds (capacity and count as of January 15, 2012)	331/312	Deputy Warden	Roger Terry
Treatment Beds (capacity and count as of January 15, 2012)	0	Asst. Warden	Michele Buckner
Work Cadre Beds (capacity and count as of January 15, 2012)	182/116	Asst. Warden	N/A
Diagnostic Beds (capacity and count as of January 15, 2012)	0	Major	Anthony Williams
Protective Custody Beds (capacity and count as of January 15, 2012)	0		

1. Capital Improvement Needs:

a. How would you rate the overall condition of the physical plant of the institution?

The overall condition of the physical plant of South Central Correctional Center is average. The buildings are in need of paint; the roofs and pipes leak; metal doors are rusting; windows are cracked and their seals are broken; locking systems fail; and there are several areas which are in need of masonry repairs.

b. What capital improvement projects do you foresee at this facility over the next six years?

South Central Correctional Center expects the mobile office unit which currently houses our training department will require replacement within the next five (5) years. The computers within the institution are in desperate need of upgrade/replacement.

- c. How critical do you believe those projects are to the long-term sustainability of this facility?

All of the listed repairs and projects are each critical and essential to the operation of South Central Correctional Center.

2. Staffing:

- a. Do you have any critical staff shortages?

Currently, SCCC has a critical staff shortage which includes both key food service and custody personnel. SCCC originally was allocated seven (7) Functional Unit Managers; however, due to budget issues, the positions were reallocated to other DOC entities. Because of an increased workload related to MRP, we are in need of one (1) FUM position.

- b. What is your average vacancy rate for all staff and for custody staff only?

South Central Correctional Center's average vacancy rate for 2011 was 38 (thirty-eight). Of the total, 25 (twenty-five) were custody staff members.

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?

The accrual and usage of compensatory time significantly impacts operations from a custody and food service staffing viewpoint and it negatively impacts staff morale. The accrual and usage of compensatory time by non-custody staff creates minimal impact.

- d. What is the process for assigning overtime to staff?

Custody staff overtime assignment is outlined in the union agreement.

Officers are first given the opportunity to volunteer. If there still remains a deficiency in meeting minimum staffing levels, the mandatory overtime list is utilized. The mandatory list requires the officer(s) at the top of the list to report for duty, if not currently on duty.

Non-custody staff members are assigned overtime as needed for special assignments/circumstances. Non-custody staff that work ten (10) hour days accrue compensatory time when their regular day off falls on a paid holiday.

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?

There were two (2) mandatory payouts in 2011. One payout was provided for all staff and the other payout was for those in Corrections Officer I/II positions. Approximately sixty (60) percent of compensatory time accrued at South Central Correctional Center was paid out and forty (40) percent of the time was either utilized as paid time off or left "on the books."

- f. Is staff able to utilize accrued comp-time when they choose?

South Central Correctional Center makes every effort to flex off any earned overtime by both custody and non-custody staff members to minimize the accrual of compensatory time.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?**

There are 332 offenders who are currently enrolled in school at South Central Correctional Center, which is approximately 23% of the total offender population at the institution. It is further noted that 85% of the eligible offenders who are not in Administrative segregation are enrolled in school.

- b. How many (and %) of inmate students earn their GED each year in this institution?**

Approximately 100 offenders earn their GED each year at South Central Correctional Center which is approximately 6.4% of the total offender population at the institution. 16% of the eligible offender population received their high school equivalency during the past fiscal year.

- c. What are some of the problems faced by offenders who enroll in education programs?**

There are several barriers cited by both staff and offenders which affect progress toward obtaining a GED. These barriers include:

- *Lack of basic education skills including reading, mathematics, and language*
- *Lack of maturity*
- *Lack of motivation*
- *Strong negative attitude about the benefits of education*
- *Strong peer pressure and a negative prison culture toward education*

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?**

Does not apply to South Central Correctional Center.

- b. How many beds are allocated to those programs?**

Does not apply to South Central Correctional Center.

- c. How many offenders do those programs serve each year?**

Does not apply to South Central Correctional Center.

- d. What percent of offenders successfully complete those programs?**

Does not apply to South Central Correctional Center.

- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?**

Does not apply to South Central Correctional Center.

5. Vocational Programs:

- a. **What types of vocational education programs are offered at this institution?**

Does not apply to South Central Correctional Center.

- b. **How many offenders (and %) participate in these programs each year?**

Does not apply to South Central Correctional Center.

- c. **Do the programs lead to the award of a certificate?**

Does not apply to South Central Correctional Center.

- d. **Do you offer any training related to computer skills?**

Does not apply to South Central Correctional Center.

6. Missouri Vocational Enterprises:

- a. **What products are manufactured at this institution?**

South Central Correctional Center's MVE Furniture Restoration Factory manufactures new office furniture and provides furniture restoration services.

- b. **How many (and %) of offenders work for MVE at this site?**

South Central Correctional Center currently has sixty-two (62) offenders working for MVE. This represents 3.9% percent of SCCC's offender population.

- c. **Who are the customers for those products?**

MVE's customers include both local and state government entities, including schools and libraries; they provide services for Missouri State Government employees, and for Missouri non-profit organizations.

- d. **What skills are the offenders gaining to help them when released back to the community?**

MVE offender workers learn a wide range of skills through their employment. These skills include the following:

- *Cabinet Making*
- *Carpentry*
- *Fabric Cutting*
- *Furniture Refinishing*
- *Equipment/Building Maintenance*
- *Office Management*
- *Production Laborer*
- *Sewing Machine Repair And Operation*
- *Upholstery Skills*

MVE is committed to creating relevant job training for offenders so they may become productive citizens. The offenders in MVE receive special classroom training through a PBS series entitled "Workplace Essential Skills." A computer literacy training program, "Jan's Illustrated Computer Literacy 101," is also offered and is taught via CD on a stand-alone computer. This year a Mavis Beacon typing program was added as an addition to the computer training. Upon completion of these classes, certificates are issued to the offenders.

7. Medical Health Services:

a. Is the facility accredited by the National Commission on Correctional Health Care?

South Central Correctional Center is accredited by the National Commission on Correctional Health Care.

b. How many offenders are seen in chronic care clinics?

Approximately 250-300 offenders are seen each month in chronic care clinics at South Central Correctional Center.

c. What are some examples of common medical conditions seen in the medical unit?

Some of the most common medical conditions seen in South Central Correctional Center's Medical Unit include colds/allergies, injuries(sprains/lacerations), rashes, pain complaints, GI complaints, and cardiac events.

d. What are you doing to provide health education to offenders?

South Central Correctional Center provides health education to offenders through an annual health fair, via the offender education channel, through one-on-one education from the nursing staff, and via medication/disease education.

e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?

South Central Correctional Center has not had any active cases of Tuberculosis in the past year.

f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain.

Yes, the aging population is affecting health care at South Central Correctional Center just as it is affecting health care everywhere else. The institutional infirmary has permanent patients and has seen an increase in chronic issues related to ambulation and mobility, cardiac and lung diseases, vision impairment, and dementia.

8. Mental Health Services:

a. How do offenders go about obtaining mental health treatment services?

Offenders at South Central Correctional Center who are currently on psychotropic medications are seen every thirty (30) days for chronic care encounters. General Population (MH01 & MH02) and Chronic Care Clinic (MH03 and above) offenders may also utilize a Medical Service Request (MSR) form to schedule encounters with Mental Health Services staff as needed. Offenders can also be referred for services by custody staff, medical staff, or any other DOC staff member. Involuntary Medication status offenders are seen every 14 days by a Psychiatrist. Those requiring Crisis Intervention/Prevention regardless of their mental health placement may self-declare or referred by staff for immediate assistance as needed. Offenders that are placed in the Administrative or Disciplinary Segregation Units are initially seen weekly during Administrative Segregation Rounds, upon completion of thirty consecutive, and once every 90 days until their discharge from that unit.

b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

There has been zero (0) successful suicides at South Central Correctional Center during the past year (.0000% of the population). There are nine (9) suicide cells with one being a “padded cell.” The mental Health Department also provides “close observation” to offenders in need of this intervention due to decompensation or other factors.

The Mental Health department has multiple interventions for the prevention of suicide. The department participates in CORE Training and provides suicide prevention and mental illness classes multiple times throughout the year for staff members.

The offenders are afforded prevention and intervention strategies to include individual, grief and crisis counseling services as warranted. “You Can Prevent Suicide” posters are strategically placed noting the warning signs and what do if they suspect their self or another offender is at risk. Offenders may also “self declare” a mental health emergency.

Group therapy regarding Depression, Anger Management, and Coping also serve as points of assistance, prevention, and intervention.

The Mental Health Department participated in the institutional health fair with a theme “Don’t Get it Twisted” with an emphasis on Cognitive Distortions and Thinking Errors. Information was provided to the 669 attending offenders regarding stress management, how to cope, relaxation techniques, anger management, and a list of available therapy groups. Providing this information will result in markedly increased awareness.

c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

Approximately 219 South Central Correctional Center offenders are currently on psychotropic medications which is 13.84% of the total offender population.

d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

There are 219 offenders at South Central Correctional Center who are currently documented as chronically, mentally ill (MH3 or above). The chronically mentally ill are systematically seen by the psychiatrist based upon their mental health level i.e., MH03 (at least once every thirty (90) days and MH04 (once every 14 days). The institution has eleven (11) MH04'S of which nine (9) are on Involuntary Medications. Upon arrival an Intake Evaluation and Individual Treatment Plan is completed. The treatment Plan is reviewed by a treatment team and updated as needed but no later than every six months. Counselors are required to see Chronic Care Clinic offenders at least once every thirty days. All offenders placed on Suicide Watch or Close Observation status require twenty-four hour monitoring and are seen daily until resolution of the presenting issues. Offenders that remain on Suicide Watch for over three days (72 hrs) are considered for a higher level of care. Offender cases that meet criteria are forwarded to the Special Needs Unit (SNU), Social Rehabilitation Unit (SRU), or the Secure Social Rehabilitation Unit (SSRU) for consideration for admissions.

8. What is your greatest challenge in managing this institution?

Personnel matters are sometimes the greatest challenge.

9. What is your greatest asset to assist you in managing this institution?

Staff is the greatest asset to assist in managing South Central Correctional Center.

10. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

The institution has twenty-six (26) working vehicles plus one (1) new 2012 van (not put into service yet) and one (1) non-functional vehicle. The oldest is a 1998 Ford van and the newest is a 2012 Ford van. Nineteen (19) of the vehicles are 2001 models or newer. Nine (9) vehicles in our fleet have over 100,000 miles on them. In 2011, approximately \$50,000 was spent to replace vehicles within our fleet.

11. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (Please have the Major answer)

The custody staff's morale at South Central Correctional Center has been assessed to be at a high level. However, their major complaints seem to be health insurance, compensatory time accrual/payment, and their salaries.

12. Caseworkers:

A. How many caseworkers are assigned to this institution?

South Central Correctional Center currently has nineteen (19) Case Management I staff members and two (2) Corrections Classification Assistants.

B. Do you currently have any caseworker vacancies?

South Central Correctional Center has one (1) Corrections Classification Assistant vacancy

C. Do the caseworkers accumulate comp-time?

On occasion Case Managers and CCA's, currently assigned to ten (10) hour shifts, may accrue compensatory time due to holidays on their RDO or other special circumstances including institutional searches, training, etc. Every attempt is made to "flex" the overtime within the same work week.

D. Do the caseworkers at this institution work alternative schedules?

Yes. Some Case Managers and CCA's work 5-eight hour shifts and others work 4-ten hour shifts.

E. How do inmates gain access to meet with caseworkers?

Offenders at South Central Correctional Center may meet with caseworkers during established office hours on Monday through Friday. Assistance outside office hours is available by written request.

F. Average caseload size per caseworker?

The average caseload size is approximately seventy-two (72) offenders per caseworker/corrections classification assistant.

▪ # of disciplinary hearings per month?

The average total number of disciplinary hearings held each month is 450. Because caseworkers are responsible for these hearings, this equates to an average of 23 hearings per caseworker each month.

▪ # of IRR's and grievances per month?

The average total number of IRR's and grievances filed each month is 500. This equates to an average of 26 IRR's and grievances per Case Manager per month.

▪ # of transfers written per month?

The average total number of transfers written each month is 50.

▪ # of re-classification analysis (RCA's) per month? 199

The average total number of RCA's completed each month is 200.

G. Are there any services that you believe caseworkers should be providing, but are not providing?

South Central Correctional Center Case Management Staff are currently providing all essential departmental services currently available.

H. If so, what are the barriers that prevent caseworkers from delivering these services?

Not applicable.

I. What type of inmate programs/classes are the caseworkers at this institution involved in?

South Central Correctional Center classification staff members currently facilitate Anger Management classes, Inside-Out Dads and Pathways to Change.

J. What other duties are assigned to caseworkers at this institution?

South Central Correctional Center's caseworkers are also assigned the following duties:

- *AICS (Adult Internal Classification System)*
- *Aiding Custody Staff*
- *Answering Offender Written Correspondence Responses*
- *Answering Phone Calls from Offender Family Members*
- *Assisting Offenders with Various Re-entry Issues*
- *Assisting with Staff Interview Panels as Needed*
- *Classification Hearings*
- *Conducting Offender Classification File Audits*
- *Disciplinary Hearings – Major and Minor*
- *Escorting Offenders*
- *Facilitation of Offender Programs*
- *Holding Open Office Hours*
- *Institutional Inspections*
- *IRR's/Grievances*
- *Offender Room/Cell Moves*
- *Offender Transfers*
- *Processing Offender Visiting Applications*
- *Processing TAP's (Transition Accountability Plans)*
- *Processing Administrative Segregation Extensions*
- *Processing Appliance Purchase Requests*
- *Processing Censorship Packets/Materials*
- *Processing Conditional Release Extensions*
- *Processing Daily Housing Unit Statistics Reports*
- *Processing Department of Revenue ID's*
- *Processing Offender Attorney Phone Calls*
- *Processing Offender Clothing Forms*
- *Processing Offender Enemy Waivers*
- *Processing Offender Green Checks*
- *Processing Offender Job Assignment Changes*
- *Processing Offender Legal Mail*
- *Processing Offender Progress Reports*

- *Processing Offender Work Release Applications*
- *Provide Notary Services*
- *Purging Classification Files*
- *RCA's (Reclassification Analysis)*
- *Submitting Requests for Investigation*
- *Writing and Interviewing Offender Conduct Violations*

14. Institutional Probation and Parole officers:

A. How many parole officers are assigned to this institution?

There are two (2) Probation and Parole Officer II staff members and one (1) Probation and Parole Unit Supervisor assigned to South Central Correctional Center.

B. Do you currently have any staff shortages?

South Central Correctional Center does not currently have any staff shortages in the Probation and Parole unit.

C. Do the parole officers accumulate comp-time?

The parole officers at South Central Correction Center do not accumulate compensatory time.

D. Do the parole officers at this institution flex their time, work alternative schedules?

There are certain situations which require the probation and parole officers at South Central Correctional Center to work alternative schedules and “flex” their time.

E. How do inmates gain access to meet with parole officers?

Offenders at South Central Correctional Center may meet with the probation and parole officers during established office hours on Monday through Friday. Assistance outside office hours is available by written request.

F. Average caseload size per parole officer?

The average caseload size is approximately 791 offenders per probation and parole officer. (1583 offenders/2 probation and parole officers = 791.5 offenders per probation and parole officer)

▪ # of pre-parole hearing reports per month?

Each probation and parole officer prepares an average between ten (10) and fifteen (15) pre-parole hearings each month.

▪ # of community placement reports per month?

Each probation and parole officer prepares an average of five (5) reports per month, with approximately ten (10) special reports (i.e. Proceed with Release reports, etc.) completed per month in lieu of community placement reports.

- **# of investigation requests per month?**

Each probation and parole officer completes an average of fifteen (15) investigation requests per month.

G. Are there any services that you believe parole officers should be providing, but are not providing?

South Central Correctional Center probation and parole officers are currently providing all essential departmental services currently available.

H. If so, what are the barriers that prevent officers from delivering these services?

Not applicable.

I. What type of inmate programs/classes are the parole officers at this institution involved in?

South Central Correctional Center probation and parole officers are not involved in any offender programs/classes.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

South Central Correctional Center does not have any other issues to discuss with or bring to the attention of the members of the Joint Committee on Corrections.

16. Does your institution have saturation housing? If so, how many beds?

Not applicable.

17. Radio/Battery Needs:

a. What is the number of radios in working condition?

South Central Correctional Center currently has 478 radios in working condition.

b. Do you have an adequate supply of batteries with a good life expectancy?

South Central Correctional Center has an adequate supply of batteries with a good life expectancy.

c. Are the conditioners/rechargers in good working order?

South Central Correctional Center's conditioners/rechargers are in good working order.

Joint Committee on Corrections

2012

Information for Legislative Institutional Visits

Facility Name: Southeast Correctional Center			
Custody Level	C-5	Warden	Ian Wallace
Total Acreage	120	Address	300 E. Pedro Simmons Dr.
Acreage w/in Perimeter	45		Charleston, MO 63834
Square Footage	391,880	Telephone:	573-683-4409
Year Opened	2001	Fax:	573-683-7534
Operational Capacity/Count (as of January 15, 2012)	1658/1550		
General Population Beds (capacity and count as of January 15, 2012)	1124/1147	Deputy Warden	Omer Clark (Operations)
Segregation Beds (capacity and count as of January 15, 2012)	332/311	Deputy Warden	Penny Milburn (Offender Management)
Treatment Beds (capacity and count as of January 15, 2012)	10/5	Asst. Warden	Bill Stange
Work Cadre Beds (capacity and count as of January 15, 2012)	192/87	Asst. Warden	
Diagnostic Beds (capacity and count as of January 15, 2012)	0	Major	Richard Gaines
Protective Custody Beds (capacity and count as of January 15, 2012)	0		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?

Good

- b. What capital improvement projects do you foresee at this facility over the next six years?

- The facility utilizes three (3) chillers for the purpose of cooling the facility structures. These chillers require overhauls in the near future as they have exceeded their manufacturer recommended life. Cost to overhaul is quoted at \$38,000.00 per chiller.
- Replacement of existing refrigeration condenser package utilized for climate control for Food Service walk-in coolers and freezers. These condensers have exceeded their recommended manufacturer life resulting in frequent expensive repairs. Estimated cost to replace existing equipment is \$43,000.00.
- Asphalt repair/overlay, parking areas and perimeter roadway. Estimated cost \$40,000.00.

- Replace existing Perimeter Security System. The existing security system is failing and support for this system was not available after 2010.
Complete system replacement is warranted. Estimated cost \$240,000.00.
- c. How critical do you believe those projects are to the long-term sustainability of this facility? These capital improvement requirements are critical to continued operations of the facility.

2. Staffing:

- a. Do you have any critical staff shortages? Not currently; however, a COI hiring process was implemented recently at SECC to alleviate this issue and to speed up the hiring process.
- b. What is your average vacancy rate for all staff and for custody staff only? 22% All 25% Custody
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution? No
- d. What is the process for assigning overtime to staff? This process is in line with the MOCOA agreement. Volunteers are assigned initially. If staff do not volunteer, the mandatory overtime list is utilized.
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? 60% Paid 40% Used
- f. Is staff able to utilize accrued comp-time when they choose? Yes, depending on critical staffing needs, every effort is made to allow this.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? 26 1.6%
- b. How many (and %) of inmate students earn their GED each year in this institution? 26 1.6%
- c. What are some of the problems faced by offenders who enroll in education programs? This is an volunteer led GED program at SECC with only one (1) volunteer currently conducting the classes. Some applicants lack the basic reading and writing skills. At present, there is no program in place and no funding available to implement a program for basic literacy.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? We currently have a 12 week substance abuse program led by staff and other offender facilitators which covers disease concept, medical and physical aspects, denial, recovery, relapse, addiction and the family, criminal personality, anger, stress management, better relation/effective communication, self esteem and values. This program is a pass or fail course, where offenders are participating in a series of bi-weekly tests and a final quiz at the end in order to successfully complete the program. We have an ongoing Alcholics Anonymous program which are led by Volunteers in Corrections (VICs) that meet four times a month. How many beds are allocated to those programs?
- b. How many offenders do those programs serve each year? 100
- c. What percent of offenders successfully complete those programs? 70%
- d. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? Additional qualified instructors/facilitators are needed to run

more class cycles in addition to updated materials, funding for material, attendance and unbiased selection.

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution? **n/a**
- b. How many offenders (and %) participate in these programs each year? **n/a**
- c. Do the programs lead to the award of a certificate? **n/a**
- d. Do you offer any training related to computer skills? **n/a**

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution? **The MVE/SECC wood furniture factory at SECC produces two lines of high quality college dormitory furniture and a line of commercial/institutional cabinetry. These three lines of furniture includes, but are not limited to beds, chairs, dressers, desks, wardrobes, night stands, kitchen and bathroom cabinets, pantries, shelving, etc. Furniture pieces that are outside of the normal catalog items, referred to as "specials" are also designed and built. In 2011 over 3,000 pieces of quality furniture have been sold.**
- b. How many (and %) of offenders work for MVE at this site? **At peak production levels the factory is authorized to employ 115 offender; however, currently the factory employs 53 offenders, which translates to about 3.5% of the level 5 population.**
- c. Who are the customers for those products? **The customer base consists of colleges, fire departments, police departments, libraries, veteran's homes, state workers, prisons, etc.**
- d. What skills are the offenders gaining to help them when released back to the community? **Offenders are trained in the basic necessities of obtaining and holding a job such as teamwork, communication, personal grooming, professional behavior, personal accountability, attendance, etc. Some of the skills acquired are machine set up and operation, furniture making, cabinetry, assembly, furniture finishing, spray coating, industrial maintenance, janitorial, tool repair, shipping and receiving, accounting, storekeeping, timekeeping, office machine operations, drafting and furniture design, CNC router operation and repair, typing, basic math, etc. The offender workers are enrolled in courses of study to include "Workplace Essential Skills", "Computer Literacy" and basic typing.**

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? **Yes**
- b. How many offenders are seen in chronic care clinics? **Approximately 1200**
- c. What are some examples of common medical conditions seen in the medical unit? **Cardiovascular disease, hypertension, asthma, diabetes, chronic pain.**
- d. What are you doing to provide health education to offenders? **Education via appointments, pamphlets available in the medical unit and in the library, educational materials on the offender information channel, bulletin boards, monthly diabetes newsletter and annual health fair.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? **No active cases.** If so, how did you respond? **n/a**

- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? **Yes** If yes, please explain. **Several of our permanent offenders that live in the infirmary are aged and have limited capabilities. They live in our infirmary because they require some type of assistance 24 hours a day. They require assistance with eating, bathing, dressing and toileting.**
8. **Mental Health Services:**
- a. How do offenders go about obtaining mental health treatment services?
- Offenders have several options in regards to obtaining mental health treatment services. The most commonly used methods to obtain services include:**
- **Medical Services Request-MSR (all offenders)**
 - **Chronic Care Clinic (MH3/MH4; no request necessary)**
 - **Staff Referrals and/or Crisis Intervention (all offenders)**
 - **Segregation Rounds/Segregation Assessments (Rounds provided for all segregated offenders weekly; Assessments for all offenders in segregation at 30 days in segregation, 90 days, and in 3 month increments post the initial 90 days. Mental Health automatically schedules the appointment, no request necessary.)**

All offenders have access to Medical Service Request (MSR) forms on a daily basis. If an offender is seeking mental health treatment (individual or group format), they complete an MSR stating their concern. MSR's are triaged daily by a nurse and the individual is automatically scheduled with the appropriate professional based on their individualized need.

If an offender has a current mental health diagnosis, they are enrolled in Chronic Care Clinic. All offenders are assigned a mental health score based on their level of mental health treatment needs. A rating of MH3 or above indicates that a person has a current mental health diagnosis and may additionally be on medication. Chronic Care Clinic consists of all offenders with a rating of MH3 or above. When someone is in Chronic Care Clinic, they are scheduled every month with a Qualified Mental Health Professional for follow up. They are additionally seen by a psychiatrist a minimum of every ninety (90) days. In addition, they are seen more frequently when involved in a transfer and/or discharge or if having more significant concerns. For example, an MH4 (more severe mental health needs) is typically seen every two weeks by the Qualified Mental Health Professional rather than monthly. Offenders in Chronic Care Clinic are automatically scheduled for these appointments by mental health. If they need services in addition to the Chronic Care Clinic, they submit the MSR form as well.

Offenders with more acute symptoms requiring immediate attention, have the option of informing a staff member of their crisis situation and being seen for a crisis intervention session immediately. Additionally, a staff member noticing symptoms in an offender has access to a referral form and commonly refers offenders that they believe may need some mental health assistance. Depending on the nature of the staff referral, some individuals are seen immediately and others can be scheduled within the next few days.

Staff members are trained regularly on Suicide Intervention/Prevention during their core training. In this training, staff members are taught what symptoms to look for to identify offenders with possible mental health needs including common indicators that a person may be considering suicide. Any staff member can place an offender on suicide precaution status if concerned that the offender may be suicidal. Mental Health provides 24 hour on call coverage to meet the needs of the institution 7 days per week.

All offenders in segregation are monitored more closely by mental health due to the isolation aspect of segregation. Mental health rounds are conducted on a weekly basis and all offenders in segregation are given the opportunity to talk with a mental health professional during this time. All offenders in segregation are assessed by mental health at 30 day, 90 day, 6 month, 9 month, 12 month intervals. If continued in segregation past 1 month, Mental Health will schedule an appointment to see them every 3 months for follow-up. Mental Health Staff automatically schedule these appointments for the offender, no request is necessary.

In conclusion, every effort is made in mental health to preserve the continuity of care for all offenders by providing for the easiest access to services possible. Whether it is through involvement in Chronic Care Clinic, counseling services, staff referrals, crisis intervention, segregation assessments, and/or mental health groups, all mental health services are readily available for offenders. Most can be easily accessed through the use of a readily available MSR form.

b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? No suicides occurred at SECC within the past year. Suicide prevention is a primary focus at SECC. Following any serious suicide attempt, a debriefing meeting is held to review the incident and make any necessary improvements as a result of the incident. All staff are educated on suicide prevention and intervention. Mental health staff facilitate a four (4) hour training to all custody and noncustody staff during their core training week. Medical staff are provided this education during a specified monthly staff meeting set aside to provide education on suicide prevention. All staff have been provided a pocket card that lists signs/symptoms of a potentially suicidal person. The card is carried by the staff member so that it can be referred to when needed. In addition, mental health staff are continually attending trainings and reading literature on suicide prevention and working to improve overall suicide prevention within the institution.

Any offender making statements of self harm or demonstrating suicidal predictors, are placed on suicide precautions where they can be monitored more closely. Any staff member can place an offender on suicide precautions. Mental health is always involved in this process. A Qualified Mental Health Professional assesses the person within two hours during normal business hours. After hours, Mental Health staff are notified and the offender is assessed the next business day. When someone is on suicide precautions, they are placed in a cell with minimal fixtures or protrusions. In HU1 we have cameras mounted in the cell to provide 24 hour observation of the offender. Additionally, custody staff members provide visual observation checks on these offenders at least every 15 minutes. Every effort is made to only provide the offender with items that can not be used to harm self until modifications are made by a qualified mental health professional. An offender can

only be released from precautions by a psychiatrist, psychologist, and/or the chief of mental health services.

c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **Approximately 181 offenders at Southeast Correctional Center or 11.61%, are on psychotropic medication.**

d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **Currently, 212 offenders at Southeast Correctional Center are diagnosed with a mental illness (MH3 or above). Of these, 17 offenders are classified MH4 indicating that they have a chronic or severe mental illness. The majority, 195 offenders, are classified as MH3 indicating moderate mental health needs. The MH4 offenders are provided with an intensive treatment regimen that includes regular follow up monitoring averaging contact with a mental health professional a minimum of every two weeks. This contact is made through the various program components (ie- Chronic Care Clinic, groups, psychiatric appointments, follow up appointments, etc.).**

There are five special units available for offenders with special needs: Special Needs Unit, Social Rehabilitation Unit, Secure Social Rehabilitation Unit, Enhanced Care Unit, and Correctional Treatment Unit. If an offender fits the criteria for any of these units, a referral is made to get the person into the specific unit. If an offender is seriously mentally ill and requires more intensive crisis services then available on site (MH5), he is sent for further treatment at the Biggs Correctional Unit until stabilized.

All offenders have access to mental health services via MSR if additional services are needed. Pre-release planning is provided for continuation of care. MH4 Offenders have the opportunity to be a part of the MH4 project which pays for a mental health assessment by the community mental health center prior to release so that the person will have comprehensive follow-up by the community once released.

As previously mentioned, all offenders MH3 and above are seen a minimum of monthly during Chronic Care Clinic and a minimum of every 90 days by the psychiatrist. Services are also provided per MSR form, when in segregation, and on a crisis and/or referral as needed. All Mental Health Clients have a Treatment Plan that is used to clarify their needs and goals. The treatment plan guides what services are needed. This plan is revised as the offenders goals are met or needs change. Thus, the services change as needs change.

In addition, Mental Health offers groups on a weekly basis. Most groups are available to everyone with the exception of a few groups that target a specific population. The following groups are available at this time with a wait list:

- Charting a New Course
- Adjustment to Incarceration
- Anger Management – (Low functioning, Average functioning, High functioning)
- Chronic Suicidal Thoughts/Suicidal Behaviors
- Dealing with Feelings
- Depression

- **Grief and Loss**
- **Responsible Parenting**
- **Sleep Hygiene**
- **Medication Management**
- **Cognitive Behavior Therapy**
- **Trauma**
- **Thinking Errors**
- **Understanding Mental Health with Symptom Management**
- **Aftercare Transition Group (Life After Release)**
- **Stress Management**
- **Activities for challenged offenders**
- **Personal Hygiene for low functioning offenders**
- **Relapse Prevention**
- **Effective Communication**
- **Decision Making**
- **Self Esteem for challenged offenders**
- **Anxiety Management (Approved February 2011)**

Southeast Correctional Center Mental Health Department employs two part-time Psychiatrists totaling 24 hours of psychiatric coverage per week. We have two full-time licensed Qualified Mental Health Professionals, one part-time Psychologist, one full-time Psychiatric RN; one full-time Clerk, and one full-time Institutional Chief of Mental Health Services. The Mental Health Departments works very hard to exceed community standards and provide the best care possible.

9. What is your greatest challenge in managing this institution? **Staff issues**

10. What is your greatest asset to assist you in managing this institution? **Staff**

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

License #	Vehicle	Mileage	Assigned To	Condition
13-0298	2007 Dodge Grand Caravan	69,957	Pool	Fair
13-0377	2008 Chevy Uplander	42,656	Pool	Fair
13-0414	2010 Ford Econoline	11,190	Pool	Fair
13-0423	2007 Ford Crown Vic	117,588	Pool	Fair
13-0831	2008 Chevy uplander	51,390	Pool	Fair
13-0833	2008 Chevy uplander	55,014	Pool	Fair
13-0836	2007 Ford Crown vic	116,853	Pool	Fair
13-0839	2007 Ford Crown Vic	105,482	Pool	Fair
13-0843	2001 Dodge Ram 2500	69,451	Maintenance	Fair
13-0844	2001 Dodge Ram 2500	69,086	Maintenance	Fair
13-0845	2001 Dodge Ram 2500	53,213	Maintenance	Fair
13-0847	2001 Ford F750	34,703	Maintenance	Fair
13-0848	2001 Ford F150	113,796	Maintenance	Fair
13-0850	2001 Ford F350	35,153	Maintenance	Fair
13-0853	2008 Ford Econoline Van	69,932	Pool	Fair
13-0854	2007 Ford Econoline Van	119,955	Pool	Fair

13-0855	2008 Ford Econoline Van	23,295 Pool	Fair
13-0856	2006 Ford Econoline Van	135,307 Pool	Fair
13-0857	2008 Ford Econoline Van	70,958 Pool	Fair
13-0858	2008 Ford Econoline Van	78,192 Pool	Fair
13-0902	2008 Chevy Uplander	115,221 Pool	Fair
32-0265	2008 Chevy Uplander	119,321 Pool	Fair
32-0268	2008 Chevy Uplander	104,396 Pool	Fair
32-0270	2008 Chevy Upalander	96,384 Pool	Fair
32-0272	2008 Chevy Uplander	95,270 Pool	Fair
32-0286	2008 Chevy Uplander	97,565 Pool	Fair
32-0294	2008 Chevy Impala	71,428 Pool	Fair

*Denotes vehicles that are in poor condition and/or have high mileage.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (Please have the Major answer) **The morale of the custody staff in my opinion is low; several factors both at work and personal life are affecting the morale. Just to name a few factors; shortage of staff thus causing mandated overtime, supervisors enforcing policy by holding staff accountable for refusing to work mandated overtime, having to reassign staff to work other job posts other than their assigned post, internal conflicts between supervisors and line staff because of poor inter-personal communication skills between them, and poor office equipment, i.e. computers, printers, fax machines, copiers. The outside factors would be state benefits being cut, no pay raises to keep up with inflation, poor economy, etc.**

13. Caseworkers:

- A. How many caseworkers are assigned to this institution? **18 Corrections Case Managers, 2 Classification Assistants**
- B. Do you currently have any caseworker vacancies? **Yes - 2**
- C. Do the caseworkers accumulate comp-time? **No**
- D. Do the caseworkers at this institution work alternative schedules? **No**
- E. How do inmates gain access to meet with caseworkers? **General population open office hours are from 8:30 am to 10:30 am and 1:30 pm to 3:30 pm daily. Administrative Segregation case managers meet with offenders during daily wing walks. Appointments may also be set through offender to staff correspondence.**
- F. Average caseload size per caseworker? **144**
 - # of disciplinary hearings per month? **14**
 - # of IRR's and grievances per month? **16**
 - # of transfers written per month? **2**
 - # of re-classification analysis (RCA's) per month? **7**
- G. Are there any services that you believe caseworkers should be providing, but are not providing? **No**
- H. If so, what are the barriers that prevent caseworkers from delivering these services? **n/a**
- I. What type of inmate programs/classes are the caseworkers at this institution involved in? **Pathways to Change, Anger Management, Puppies for Parole, Offenders Offering Alternatives**
- J. What other duties are assigned to caseworkers at this institution? **Case Managers also complete Transitional Accountability Plans on each offender assigned to their caseload. They process visiting applications, assist offenders in obtaining birth certificates/social security cards and official Department of Revenue**

identification cards in order to assist the offender upon his release. They also process room moves and assist the offender in any type of adjustment issues.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? **2**
- B. Do you currently have any staff shortages? **No**
- C. Do the parole officers accumulate comp-time? **No**
- D. Do the parole officers at this institution flex their time, work alternative schedules? **Yes, they work alternative work schedules; 7:30 am – 4:00 pm and 8:30 am – 5:00 pm**
- E. How do inmates gain access to meet with parole officers? **Via institutional mail/offender correspondence or in-person meetings with Institutional Parole Officer.**
- F. Average caseload size per parole officer? **778**
 - # of pre-parole hearing reports per month? **11**
 - # of community placement reports per month? **5**
 - # of investigation requests per month? **9**
- G. Are there any services that you believe parole officers should be providing, but are not providing? **No**
- H. If so, what are the barriers that prevent officers from delivering these services? **n/a**
- I. What type of inmate programs/classes are the parole officers at this institution involved in? **Officers facilitate separate “Pre-Release” orientation classes (usually quarterly) at the institution for general population and the minimum security offenders within 120 days of release.**

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. **None**

16. Does your institution have saturation housing? **No** If so, how many beds?

17. Radio/Battery Needs:

- a. What is the number of radios in working condition? **378 (76 inoperative)**
- b. Do you have an adequate supply of batteries with a good life expectancy? **We have a fairly good supply of batteries at this time; however, as fast as new ones are purchased we are taking others out due to poor quality or not being charged/conditioned properly.**
- c. Are the conditioners/rechargers in good working order? **At this time we have only one (1) conditioner working properly. The battery chargers need new battery adapter plates to fit the batteries.**

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Tipton Correctional Center				
Custody Level	2 – Min.		Warden	Douglas J. Prudden
Total Acreage	160		Address	619 N. Osage Ave.
Acreage w/in Perimeter	40 acres			Tipton, MO 65081
Square Footage	320,000		Telephone:	660-433-2031 x 2222
Year Opened	1916 & 1996		Fax:	660-433-2613
Operational Capacity/Count (as of today) 02-07-12	1192 1154			
General Population Beds (capacity and count) 02-07-12	1192 1154		Deputy Warden	Joseph "Jay" Cassady, DWOM
Segregation Beds (capacity and count) 02-07-12	96 84		Deputy Warden	Eileen Ramey, DWO
Treatment Beds (capacity and count) 02-07-12	0		Asst. Warden	Cheryl Scherer
Work Cadre Beds (capacity count)	0		Asst. Warden	
Diagnostic Beds (capacity and count) 02-07-12	0		Major	Tim Burris
Protective Custody Beds (capacity and count)	0			

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?
The overall condition of the physical plant remains good.

- b. What capital improvement projects do you foresee at this facility over the next six years?
1. Upgrade fire alarm system.
 2. Overlay perimeter road with 2" of asphalt.
 3. Perimeter fence security system (Del Norte) needs replaced.
 4. New roof's on buildings on the old side of the institution.
 5. Install floor drainage system in segregation unit.
 6. Replace HVAC in numerous housing units to be more modern and energy efficient.

- c. How critical do you believe those projects are to the long-term sustainability of this facility?
These projects remain critical to the welfare of the institution.

Fire alarm and fence security are critical to protect our staff, offenders and the public.

Roof and perimeter road continue to be repaired regularly.

HVAC system installed in 1996, no longer operating efficiently.

2. Staffing:

- a. Do you have any critical staff shortages?

TCC seldom has staff vacancies which are not filled quickly. However, the allocated staffing in certain sections is marginal at best and creates daily challenges in maintaining sufficient supervision, safety, and security. For example, the Food Service section has a total of twelve staff to plan, coordinate, and supervise over forty offender workers preparing nearly four

2. Staffing: (continued)

thousand meals per day. The allocation of Corrections Officers assigned to the facility necessitates having only one officer to supervise an entire housing unit of over one hundred offenders.

With such a minimal staffing allocation, employee absences due to sickness, training, vacations, and other reasons create shortages requiring staff to work mandatory overtime on a regular basis. Consequently, supervisors must often deny requests to use comp time.

b. What is your average vacancy rate for all staff and for custody staff only?

Average vacancy rate for all staff is less than 1% and Custody Staff is only 6.9%.

c. Does staff accrual or usage of comp-time by staff effect your management of the institution? Greatly affects management in that some staff feel overworked and cannot get time off when they want it. Call-ins for custody and food service are increased because of this.

d. What is the process for assigning overtime to staff?

Seek volunteers first and then use rotating schedule for CO I's and CO II's. This is done by shift.

e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?

When comp requests are paid it is reported as used time, so there is no accounting between used and paid off. The same is for mandatory comp payouts. 53.8% of Comp accrued is used, however this included used and paid out.

f. Is staff able to utilize accrued comp-time when they choose?

Not always – depends on staffing needs in that section. We are at minimum custody staffing levels on all shifts.

3. Education Services:

a. How many (and %) of inmate students at this institution are currently enrolled in school? 232 students are enrolled in school at the present time. This is 20% of the total offender population and 44% of the eligible students.

b. How many (and %) of inmate students earn their GED each year in this institution? FY '11 – 191 passes out of 660 = 29%

c. What are some of the problems faced by offenders who enroll in education programs? Learning difficulties, short attention spans, lack of educational successes in the past, low self-esteem, and lack of motivation are problems with many of the students.

4. Substance Abuse Services: At TCC, KCCC's contract was terminated by the Department effective April 15, 2009.

a. What substance abuse treatment or education programs does this institution have? Alcoholic Anonymous, Narcotics Anonymous, and Celebrate Recovery-faith based, 12 step process that acknowledges once an addict always an addict; therefore, no completion.

b. How many beds are allocated to those programs?

None

4. **Substance Abuse Services:** (continued)
- c. How many offenders do those programs serve each year?
For 2011 Celebrate Recovery had an average attendance of 41; Alcoholic Anonymous – 356; and Narcotics Anonymous – 206.
 - d. What percent of offenders successfully complete those programs? N/A
 - e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?
TCC does not have a treatment program at this time.
5. **Vocational Programs:**
- a. What types of vocational education programs are offered at this institution?
Computer Servicing – 8 hours daily, 4 days a week for 12 weeks
ES/LS (Life Skills) – 3 hours daily, 4 days a week for 6 weeks
 - b. How many offenders (and %) participate in these programs each year?
Computer Servicing 57.5%. This is 5% of the total offender population.
ES/LS – 171. This is 14% of the population.
 - c. Do the programs lead to the award of a certificate?
Completion Letter.
 - d. Do you offer any training related to computer skills?
Yes – The computer class is 100% computer related. The ES/LS class offers keyboarding and basic computer skills. Each student has a computer.
- 6a. **Missouri Vocational Enterprises – Chair Factory**
- a. What products are manufactured at this institution?
Fifty different styles of office and institutional chairs.
 - b. How many (and %) of offenders work for MVE at this site?
Average around 40 offenders (about 3% of TCC population).
 - c. Who are the customers for those products?
The majority of our customers are State and local government facilities and State employees and other non-profit organizations within the State.
 - d. What skills are the offenders gaining to help them when released back to the community?
The majority of the work force are learning upholstery skills. Others are learning mechanical and maintenance skills. The office clerks are learning computer knowledge, record keeping, and basic office skills.
- 6b. **Missouri Vocational Enterprises – Shoe Factory**
- a. What products are manufactured at this institution?
We produce Offender work & Dress shoes, 8" boots that can be purchased by any State employee. Officer Duty belts and accessories. We also produce U.S. State & POW/MIA Flags.
 - b. How many (and %) of offenders work for MVE at this site?
20 offenders are employed here (approximately 1% of the offender population).

6b. **Missouri Vocational Enterprises – Shoe Factory (continued)**

c. Who are the customers for those products?

The offender boots are purchased by the Missouri Department of Corrections. The utility belts and accessories are sold to State employees and purchased by DOC. Flags can be purchased by Local and State government, schools, state employee's most no-profit organizations & Military organizations.

d. What skills are the offenders gaining to help them when released back to the community?

The offenders working in the shoe and utility belt factory learn to operate, maintain, and repair production equipment. They also learn to work in a team setting. Some learn to control inventories, schedule production, and document material usage. We also hope to teach them the importance of working as a part of a team and gaining good work ethics. We also offer some computer and Life Skills Training.

7. **Medical Health Services:**

a. Is the facility accredited by the National Commission on Correctional Health Care? YES

b. How many offenders are seen in chronic care clinics? 750

c. What are some examples of common medical conditions seen in the medical unit?

Diabetes, back pain, shingles, hepatitis, sprains, lacerations, infected teeth, broken bones, broken jaw, MRSA & coronary artery disease.

d. What are you doing to provide health education to offenders?

We hold health fair and provide education in all chronic care clinics and at sick call nursing encounters as appropriate.

e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? NO

f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain

YES - The chronic care population continues to grow and with that comes increased treatment with medication and limits on ability with regard to mobility. The medication cost, and number of wheelchairs, are increasing.

8. **Mental Health Services:**

a. How do offenders go about obtaining mental health treatment services?

The individual offenders obtain and submit MSR's requesting treatment. Also, any staff member can refer an offender should concern arise.

b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

TCC did not incur any successful suicides during this period. Staff training is conducted monthly during core training (this reaches all staff once annually). Every offender contact with MH is assessed for suicide/homicide risk. If assessed risk is positive after normal business hours, the offender is placed on suicide watch and then evaluated the next working day.

c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

8. **Mental Health Services: (continued)**

TCC is a non-MH3 and above facility, therefore there are no offenders on psychotropic medications as indicated for psychiatric reasons. If a psychotropic medication is utilized at this site, it is prescribed through Medical for non-psychiatric indications.

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

TCC is a non-MH3 and above facility, therefore there are no offenders housed here that fit criteria for indicated treatment. If offenders at TCC become mentally ill they are referred to see psychiatrist and if medicated housed in administrative segregation until they can be transferred to mental health facility.

9. What is your greatest challenge in managing this institution?

The greatest challenge I have experienced so far in managing this facility is trying to maintain a safe, secure environment within the institution with a relatively small cadre of Corrections Officers. With such a limited security force, staff absences result in routinely holding staff beyond their shift to ensure adequate coverage of the most critical posts.

10. What is your greatest asset to assist you in managing this institution?

I believe the greatest asset I have in managing the facility is the tremendous reservoir of experience possessed by the staff of Tipton Correctional Center. Most of the employees have been here for a number of years and are very competent in performing their duties. The overall morale of the staff is, in my opinion, slightly better here than at most facilities and may account for the lower staff turn over rate. Thus creating relatively high levels of experience among the staff.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

TCC currently has thirteen vehicles assigned to offender transportation. These include: four 15 passenger vans; four 7 passenger vans; four full size sedans; and, one bus. With the exception of the bus, none of the offender transportation vehicles have over 100,000. The bus currently has over 209,000 miles.

Note: TCC's offender transportation fleet was reduced by one 15 passenger van and one full size sedan in 2010. In addition to the two transportation vehicles, TCC's fleet was reduced by two trucks in 2010. Also, one 7 passenger van assigned to perimeter patrol is currently out of service. The van will not be cost effective to repair as it has over 176,000 miles.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. (**Please have the Major answer**)

At this time, I would rate the overall morale of TCC's Custody force as medium. Even though no pay raises were given this year and compensatory time is more closely controlled, I believe that staff feel fortunate to have a job given the state of the economy.

13. **Case Managers:**

- A. How many case managers are assigned to this institution?

We currently have 12 Corrections Case Manager II's, 2 Corrections Case Manager I's and 2 CCA's with one of the CCM II's assigned to the Grievance Office.

- B. Do you currently have any case manager vacancies?

YES

13. **Case Managers: (continued)**
- C. Do the case managers accumulate comp-time? NO
- D. Do the case managers at this institution work alternative schedules? YES
Case manager staff flex their schedule to accommodate conducting groups and availability for work release.
- E. How do inmates gain access to meet with caseworkers?
We have an open door policy. Case manager staff may also place a movement pass request to schedule a meeting with an offender for a specific time.
- F. Average caseload size per case manager? 112
 - # of disciplinary hearings per month? 32
 - # of IRR's and grievances per month?
The Housing Unit staff processes approximately 11 IRR's per month and the Grievance Officer processes approximately 42 grievances/appeals per month.
- # of transfers written per month? 12
 - # of re-classification analysis (RCA's) per month? 35
- G. Are there any services that you believe caseworkers should be providing, but are not providing?
No. The casework staff at Tipton Correctional Center work diligently every day to provide a multitude of programs and services to the offender population. The programming covers a wide range of subjects from anger management to cognitive restructuring to better parenting. In my view, the Classification (casework staff) provide more than enough opportunities and tools for an offender to make significant, positive changes in their lives and lifestyles.
- H. If so, what are the barriers that prevent caseworkers from delivering these services? N/A
- I. What type of inmate programs/classes are the caseworkers at this institution involved in?
Classification staff facilitate Impact of Crime on Victims Class, Pathways to Change, Inside/Out Dads, Anger Management, and attend Local MRP Steering Committees. Classification staff also assembles the work release crews and establishes community service project crews. One of two Restorative Justice projects is an in-house project of coloring books which involves issuing and tracking materials by the Classification staff. It should also be noted that in the near future TCC will also be utilized as an extended care facility which can be compared to an Assisted Living Program in the public sector. We will have an assigned unit that will house offenders with serious medical and physical disabilities that are not in need of infirmary care along with assigned care givers. This group of offenders will need more intensive supervision and guidance and we will have an increase in processing disability and Medicaid applications prior to the offender's release.
- J. What other duties are assigned to case managers at this institution?
We have one CCM II that oversees our work release program which includes site visits to ensure compliance, processing of files for review, training work crew supervisors, and setting up community project crews. We also have a CCA assigned to coordinate all bed moves with the institution and a CCA that coordinates all job assignments as well as data entry work for program tracking. That person assigns and then records when offenders complete a program.

13. Case Managers: (continued)

J. We have one CCM II that is assigned as a Grievance Officer in which he prepares responses on offender grievances for the Warden as well as processes Grievance appeals. In addition, a training program for rescued dogs is being initiated, in which offenders will provide obedience training to dogs from a local shelter.

14. Institutional Probation and Parole officers:

A. How many parole officers are assigned to this institution? 4-POII's

Currently have a vacancy, but it is being filled effective 2-12-12.

B. Do you currently have any staff shortages? NO

C. Do the parole officers accumulate comp-time? NO

D. Do the parole officers at this institution flex their time, work alternative schedules? YES

E. How do inmates gain access to meet with parole officers?

Open door (open office hours), letter to P.O.

F. Average caseload size per parole officer? 250

• # of pre-parole hearing reports per month? 15 per officer=60

• # of community placement reports per month? 3 per officer= 9 mo

• # of investigation requests per month? 80

G. Are there any services that you believe parole officers should be providing, but are not providing? NO

H. If so, what are the barriers that prevent officers from delivering these services? N/A

I. What type of inmate programs/classes are the parole officers at this institution involved in? PO facilitates Cycle of Change Program-150 hours consisting of: Beyond Anger, Criminal Thinking, Roots of Violence and Relationships.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. None

16. Does your institution have saturation housing? If so, how many beds? YES
There are 104 saturation beds dispersed throughout the housing units.

17. Radio/Battery Needs:

a. What is the number of radios in working condition? 222

b. Do you have an adequate supply of batteries with a good life expectancy? YES

c. Are the conditioners/rechargers in good working order? YES

- [Western Missouri Correctional Center in Cameron](#)
- [Western Missouri Correctional Center Vehicle Report](#)

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Western Reception Diagnostic & Correctional Center (WRDCC)			
Custody Level	C 1-5	Warden	Ryan Crews
Total Acreage	158 (Approx.)	Address	3401 Faraon
Acreage w/in Perimeter	71 (Approx.)		St. Joseph, MO 64506
Square Footage	All Buildings – 720,000	Telephone:	816-387-2158
Year Opened	1999	Fax:	816-387-2217
Operational Capacity/Count (as of today)	1980/		
General Population Beds (capacity and count)	700/	Deputy Warden	Heath Spackler, DWO
Segregation Beds (capacity and count)	136/	Deputy Warden	
Treatment Beds (capacity and count)	645/	Asst. Warden	Nancy Alldredge
Work Cadre Beds (capacity count)	None	Asst. Warden	Krista Helton
Diagnostic Beds (capacity and count)	496/	Major	Thaniel McFee
Protective Custody Beds (capacity and count)	None		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?
Good.
- b. What capital improvement projects do you foresee at this facility over the next six years?
 - 1. ***Security System (Blackcreek) and perimeter fence upgrade.***
 - 2. ***Remove/demolition of Progress Hall.***
 - 3. ***New Multi-Purpose Building.***
 - 4. ***ILS upgrade on roof/plumbing/electrical/classrooms/HVAC.***
 - 5. ***Re-roofing the laundry building and powerhouse.***
 - 6. ***Renovation of Housing Unit #10, J-wing.***
 - 7. ***Renovation of the Food Service floor.***
 - 8. ***Repair utility tunnels.***
 - 9. ***Upgrade electrical system in Housing Unit #11.***
 - 10. ***Re-roof/upgrade HVAC, electrical and plumbing in Offender Property Building.***
- c. How critical do you believe those projects are to the long-term sustainability of this facility?
Very critical.

2. Staffing:

- a. Do you have any critical staff shortages?
Vacancies: 4 – Corrections Officer I's; 1 – Corrections Case Manager III; 1 – Corrections Manager; 3 – Corrections Officer II's; 1 – Cook II; 1 – Recreation Officer I. The cooks

are always hard to fill because very few applicants are on the register. (In my opinion with the continuing core cuts, each vacancy would be critical.)

- b. What is your average vacancy rate for all staff and for custody staff only?

There is an average vacancy rate for all staff of 15.38% and 14.40% for custody staff.

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?

Yes, the accrual/usage of compensatory time presents a daily challenge to custody supervisors to minimize accrual and to ensure compensatory time reduction occurs in a manner which ensures adequate daily staffing while accommodating staff requests for leave.

- d. What is the process for assigning overtime to staff?

The vast majority of overtime accrued is the result of holidays. The earned overtime is primarily accrued in areas such as transportation runs. All other overtime accrued by staff is assigned first by requesting volunteers and then by assignment based on seniority if no volunteers are found.

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?

For Corrections Officer I and II staff, approximately 42% of the comp-time accrued is paid off and the remaining 58% is retained or used. Other staff do not receive comp time payouts and must use it as time off.

- f. Is staff able to utilize accrued comp-time when they choose?

Every effort is made to accommodate staff requests. In most cases, staff utilize accrued compensatory time on dates of their choice based on the needs of the facility.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?

WRDCC currently does not have a GED program for general population offenders. This was eliminated when the contract was discontinued in 2009. WRDCC has a small GED program in our treatment center that is operated by the St. Joseph School District from grant funding. WRDCC also has an Incarcerated Individuals Program (IIP) which allows eligible offenders to participate in college level course through the Western Institute through Missouri Western State University. Offenders are able to receive college credit hours upon completion.

- b. How many (and %) of inmate students earn their GED each year in this institution? *In our treatment program, we had 170 offenders participating in GED classes on a part time basis (about 29 % of treatment offenders). Last fiscal year 135 offenders receive a GED and only 4 offenders took the test but failed to pass.*

- c. What are some of the problems faced by offenders who enroll in education programs?

When we had a GED program, some of the problems faced are identified below. Many of these are also challenges for our Youthful Offender Programs.

1. *Inability to complete the program due to the brevity of term at WRTC*
2. *Conflict with other required programs*
3. *Entry level academic skills*
4. *Low self esteem related to educational history*
5. *Family and social stressors*
6. *Mental disorders*
7. *Medical conditions*

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?

WRDCC has treatment programs run Division of Offender Services and Gateway, a contract provider. Gateway became our contract provider as of July 1, 2010. Prior to that our provider was KCCC. The following programs are offered.

- *180-OUT, Offenders Under Treatment, 6 Month Program*
 - *BSAP, Board Ordered 6 Month Program*
 - *120-Day Treatment, Court and Board Ordered*
 - *Post Conviction Treatment*
 - *84 Day Parole Violator Treatment*
 - *Partial Day Treatment Program*
- b. How many beds are allocated to those programs?
- *180-OUT, Offenders Under Treatment, 6 Month Program (DORS) - 45*
 - *BSAP, Board Ordered 6 Month Program (Gateway) - 135*
 - *120-Day Treatment (Gateway) – 140*
 - *120-Day/Post Conviction/Parole Violator (DORS) - 275*
 - *Partial Day Treatment Program - 50*
- c. How many offenders do those programs serve each year?
- *180-OUT, Offenders Under Treatment, 6 mo. Program (DORS) – 533 (July 2010 to July 2011)*
 - *BSAP, Board Ordered 6 mo. Program (Gateway) – 503 (July 2010 to July 2011)*
 - *120-Day Treatment (Gateway) – 619 (July 2010 to July 2011)*
 - *120-Day Treatment (DORS) – 2,064 (July 2010 to July 2011)*
 - *Post Conviction Treatment (DORS) – 299 (July 2010 to July 2011)*
 - *84 Day Parole Violator – 766 (July 2010 to July 2011)*
 - *Intermediate Treatment Program (Gateway) – 503 (July 2010 to July 2011)*
- d. What percent of offenders successfully complete those programs?
- *180-OUT, Offenders Under Treatment, 6 mo. Program (DORS) – 95%*
 - *BSAP, Board Ordered 6 mo. Program (Gateway) - 80%*
 - *120-Day Treatment (Gateway) - 67%*
 - *120-Day Treatment (DORS) – 92%*
 - *Post Conviction Treatment (DORS) – 96%*
 - *84 Day Parole Violator (DORS) – 89%*
 - *Intermediate Treatment Program (Gateway) - 80%*
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?
- Establishing a level of trust to deal with issues of the clients' former lifestyles. Breaking through the denial of the seriousness of a client's substance abuse/dependency and criminal lifestyle is a task. Management of the MH-3 / MH-4 clients and dual diagnosed offenders. It is also difficult to work with some of the offenders with numerous medical restrictions and lay-ins due to their limitations. We make every effort to work with these offenders to the best of our ability, however, many times it is difficult to get them all of the services they really need while they are in the prison setting. The biggest challenge at this time is receiving a higher number of Mental Health 3 and 4 offenders.*

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution?

WRDCC does not have any vocational programming

- b. How many offenders (and %) participate in these programs each year?

N/A

- c. Do the programs lead to the award of a certificate?
N/A
- d. Do you offer any training related to computer skills? *Offenders use computer in the Employability Skills/Life Skills program and some computer fundamentals may be provided during the program. In our Incarcerated Individuals Program (college classes) they are offering a computer-based course called Professional Skills Certificate Program. We are conducting this course for the first time this year, but the university may begin offering annually.*

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?
None
- b. How many (and %) of offenders work for MVE at this site?
None
- c. Who are the customers for those products?
N/A
- d. What skills are the offenders gaining to help them when released back to the community?
N/A

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?
Yes.
- b. How many offenders are seen in chronic care clinics?
Approximately 300 a month are for routine chronic care visits by either nursing or physician..
- c. What are some examples of common medical conditions seen in the medical unit?
Back pain, athlete's foot, sinus congestion, sports injuries, heartburn.
- d. What are you doing to provide health education to offenders?
Annual health fair, education during nursing and provider appointments, pamphlets available in medical waiting rooms, occasional use of offender information channel (TV).
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?
No active cases of TB have been identified in the facility.
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain.
Yes, however most aged offenders have a higher medical score than can be accommodated at WRDCC, so we have not seen a significant effect in population.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?
Upon arrival at WRDCC's R&D unit, every offender responds to questions on an Intake Mental Health Screening form completed by a medical nurse. Offenders arriving with verified psychotropic medication have an immediate face to face evaluation with a qualified Mental Health Professional (QMHP). A QMHP is a Missouri Licensed Psychologist, Counselor, or Social Worker.

In the medical screening room there is a large copy of a Medical Service Request (MSR). Orientation describes the MSR process and during the Mental Health Intake offenders are again educated on the MSR process. The Mental Health Intake is an interview that

determines Mental Health Level and need of services. The Intake is conducted between day 5 and 10 of the Diagnostic process.

The Referral and Screening Note (RSN) may be completed and submitted by any staff member, which again results in an individual encounter with a QMHP. All QMHP's have a caseload of Mental Health 3 offenders and also to handle emergency services, as needed their assigned housing units. In the evenings and on weekends and holidays QMHP's rotate on-call to ensure 24 hour coverage for all offenders.

Staff in various housing units refer offenders to a variety of Mental Health groups ranging from Adjustment to Incarceration, Anger Management and Trauma Groups.

There is a WRDCC Health Fair yearly at which Mental health Department participates.

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

There have been no completed suicides since WRDCC opened in 1999. There is close communication between DOC staff and Mental Health, with a very proactive approach regarding intervention. All WRDCC staff attend CORE training yearly. Suicide Prevention training includes information and education including risk factors. Mental Health has 9 single camera cells which are monitored by custody no less than 4 times an hour. We also have access to 2 additional camera cells in the TCU. QMHP's have daily contact with offenders on suicide watch, custody provides timely and relevant information by documentation in the chronology file, as well as informing Mental Health of their observations to assist in modifications for the offenders on suicide watch.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

As of January 2012 it is 519 (27%). We have noticed a steady increase in the number of chronic and seriously mentally ill offenders.

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

Those (MH 4) offenders in the diagnostic center are seen weekly to monitor symptoms of mental illness. They are also referred, as criteria applies, to the Social Rehabilitation Unit (SRU) at FCC, or the Special Needs Unit (SNU) at PCC. This year at JCCC, we gained a Secure Social Rehabilitation Unit (SSRU). Offenders who are at risk in general population due to mental illness are placed on Close Observation pending transfer or assimilation to general population with symptom management.

Offenders with acute psychiatric symptoms that meet criteria as an imminent risk of harm to self and/or others, and other criteria, may be referred by the psychiatrist for a Due Process and Involuntary Medication Hearing. This has occurred 4 times this year due to the more chronic and severely mentally ill population we receive.

All offenders with a Mental Health diagnosis participate in the creation of an Individual Treatment Plan to identify problems and goals. These offenders are placed in Mental Health Chronic Care, 438 at this time. These offenders meet with a QMHP at least once a month and sooner if needed. They have regular appointments with a staff psychiatrist and a psychiatric nurse.

9. What is your greatest challenge in managing this institution?
The most challenging part is the overall management of the facility's large workforce and the aging physical condition of many of the facility's buildings which is made more difficult due to budgetary constraints and staffing constraints..

10. What is your greatest asset to assist you in managing this institution?
The staff are the greatest asset followed by the support provided by the Division's executive staff. The facility's executive staff, section heads, and shift commanders continue to make it possible to manage the institution in a safe and effective manner.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

Fleet Vehicles

Mileage as of 1/31/12

<u>8 Crown Vic.</u>	<u>Mileage</u>	<u>Year</u>	<u>Status</u>
13-0010	71,283	2007	Inmate Transport
13-0025	54,368	2007	Inmate Transport
13-0332	61,216	2007	Inmate Transport
13-0352	118,823	2003	Perimeter Vehicle
13-0396	64,613	2006	Inmate Transport
13-0705	99,251	2004	Perimeter Vehicle
13-0724	70,879	1998	Specialty Squad
13-0792	46,554	2008	Inmate Transport

5 Max Vans

13-0268	104,098	2006	<i>Inmate Transport</i>
13-0278	119,172	2007	<i>Inmate Transport</i>
13-0346	147,896	1997	<i>Inmate Transport Handicap</i>
13-0394	109,286	2006	<i>Inmate Transport</i>
13-0730	47,796	1998	<i>Specialty squad</i>

1 Bus

13-0372 100,640 2010 Inmate Transport

3 Mini Vans

13-0675	102,227	2008	<i>Inmate Transport</i>
13-0677	90,124	2008	<i>Inmate Transport</i>
32-0259	87,979	2008	<i>Inmate Transport</i>

4 Impalas

32-0233	68,729	2008	Pool
32-0239	71,779	2008	Pool
32-0242	86,153	2008	Pool
32-0246	67,162	2008	Pool

1 Suburban

13-0707 **42,468** **1999** **Specialty Squad**

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation.

Medium: Staff are concerned about the lack of cost of living adjustments, pay raises, and the rising cost of health insurance. Budget cuts and loss of staff positions as well as increased work loads are concerns on morale; doing more with less is a serious security concern that affects morale and the safety and security of staff and the institution.

13. Caseworkers:

- A. How many caseworkers are assigned to this institution?
 - *Housing Unit #1(Treatment) - 5 Corrections Case Manager II's , 1 Corrections Classification Assistant*
 - *Housing Unit #6 (Transitional Housing Unit and Work Release) - 7 Corrections Case Manager II's, 1 Corrections Classification Assistants, 1 Institutional Activity Coordinator*
 - *Housing Unit #10 (Diagnostic Center) - 1- Corrections Case Manager III (open), 7- Corrections Case Manager II's*
 - *Housing Unit #10 (Administrative Segregation) - 3- Corrections Case Manager II's, 1- Corrections Classification Assistant*
 - *Housing Unit #11(General Population) - 6 – Corrections Case Manager II's, 1 - Corrections Classification Assistant*
 - *Grievance Office - 1 Corrections Case Manager II*
- B. Do you currently have any caseworker vacancies?
No
- C. Do the caseworkers accumulate comp-time?
Yes, but we try to use flex scheduling to avoid accumulation of any overtime.
- D. Do the caseworkers at this institution work alternative schedules?
Yes, two of them.
- E. How do inmates gain access to meet with caseworkers?
Through an open-door policy, by submitting written request, or by being placed on a call-out list.
- F. Average caseload size per caseworker?
54 Offenders to 1 Caseworker
 - # of disciplinary hearings per month?
Housing Unit #1 – 131 monthly average
Housing Unit #6 – 94.4 monthly average
Housing Unit #10 – 138.1 monthly average
Housing Unit #11 – 146 monthly average
 - # of IRR's and grievances per month?
Housing Unit #10 – 28.7 monthly average
Housing Unit #1 – 10 monthly average
Housing Unit #6 – 41.6 monthly average
Housing Unit #11 – 41 monthly average
Grievances (entire facility) – 44.75 monthly average
1,322 Total IRRs for 2010
537 Total Grievances for 2010
 - # of transfers written per month?
Housing Unit #1 – 8 monthly average
Housing Unit #6 – 14 monthly average
Housing Unit #11 – 25 monthly average

Housing Unit #10 - averages 1.6 (Transfers do not include those offenders sent out of the Diagnostic Center to other facilities; only transfers written and submitted to Central Transfer Authority.)

- # of re-classification analysis (RCA's) per month?

Housing Unit #1 – 38 monthly average

Housing Unit #6 – 81.8 monthly average

Housing Unit #11 – 43 monthly average

Housing Unit #10 averages 118 RCA's

Housing Unit #10 averages 168 ICA's

- G. Are there any services that you believe caseworkers should be providing, but are not providing?

No

- H. If so, what are the barriers that prevent caseworkers from delivering these services?

N/A

- I. What type of inmate programs/classes are the caseworkers at this institution involved in?

Pathways to Change, Impact of Crime on Victims Class, Inside Out Dads, Anger Management.

- J. What other duties are assigned to caseworkers at this institution?

Notary services, classification file reviews, AICS (Adult Internal Classification System), process all visiting forms, process death and critical illness notices, make all housing and job assignments, case management team member, RCA (Reclassification Analysis), TAP (Transitional Accountability Plans), contacting outside agencies for referral services, possible enemy/protective custody investigations, order supplies and maintain inventory for housing units, back-up for custody staff, searches and counts, attend mandatory meetings (Medical, Fire/Safety), provide daily counseling to offenders, diagnostic processing and fill in as acting Functional Unit Manager when needed. Required to obtain 40 hours of training per year.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution?

13 POII's, 1 POII

- B. Do you currently have any staff shortages?

No, we are fully staffed

- C. Do the parole officers accumulate comp-time?

On rare occasions

- D. Do the parole officers at this institution flex their time, work alternative schedules?

Yes

- E. How do inmates gain access to meet with parole officers?

Open door, callouts, and kites

- F. Average caseload size per parole officer? ***140***

- # of pre-parole hearing reports per month? ***65-75***

- # of community placement reports per month? ***30-40***

- # of investigation requests per month? ***175-200***

- G. Are there any services that you believe parole officers should be providing, but are not providing?

No

- H. If so, what are the barriers that prevent officers from delivering these services?

N/A

- I. What type of inmate programs/classes are the parole officers at this institution involved in?

Two officers are trained for Pathways to Change and two are trained for Anger Management.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

In addition to the above, I would like to talk about the need to fund repairs to the physical plant, the need for a larger Administrative Segregation Unit, and employee salaries.

16. Does your institution have saturation housing? If so, how many beds?

- ***Housing Unit #6 has 40 saturation beds***
- ***Housing Unit #10 has 205 saturation beds as well as room for up to 64 temporary beds.***

17. Radio/Battery Needs:

What is the number of radios in working condition?

HT-1000 Radio's

278 serviceable UHF

50 serviceable VHF

3 out of service

50 battery supply

3 conditioner serviceable

5 chargers w/plates serviceable

2 chargers serviceable

45 battery supply

HT-750 Radio's

78 serviceable

12 chargers serviceable

75 battery supply

- a. Do you have an adequate supply of batteries with a good life expectancy? **Yes**
- c. Are the conditioners/rechargers in good working order? **Yes**

Joint Committee on Corrections 2012

Information for Legislative Institutional Visits

Facility Name: Women's Eastern Reception, Diagnostic and Correctional Center			
Custody Level	C-1 to C-5 female	Warden	Angela Mesmer
Total Acreage	117	Address	1101 East Highway 54 Vandalia, Mo. 63382
Acreage w/in Perimeter	47		
Square Footage	420,231	Telephone:	(573) 594-6686
Year Opened	1997	Fax:	(573) 594-6789
Operational Capacity/Count (as of today)	1,460 / 1,528		
General Population Beds (capacity and count)	1,532 / 1,009	Deputy Warden	Cybelle Salzman (Operations)
Segregation Beds (capacity and count)	48 / 19	Deputy Warden	Tom Dunn (Offender Management)
Treatment Beds (capacity and count)	330 / 233	Asst. Warden	Jackie Thomas
Work Cadre Beds (capacity count)	54 / 46	Asst. Warden	N/A
Diagnostic Beds (capacity and count)	200 / 221	Major	Myron Artus
Protective Custody Beds (capacity and count)	0 / 0		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?

I would rate the overall condition of the physical plant as very good. Due to newer technology there will be a need for some energy efficient upgrades. This past year the following energy efficient upgrades have either been made or are in the process.

- *Replacement of all metal halide lamps throughout the institution (222) with fluorescent fixtures. Re-lamping all fluorescent fixtures with energy saving ballasts and 28 watt T-8 fluorescent lamps (funded by FMDC E&E budget).*
- *Upgrade of building automated system, installation of new motors and controls to HVAC system. This will enhance efficient operations and result in cost savings (proposed funding DNR – federal stimulus).*
- *Shut off 90 of 99 wall pack lights (250 watt). This didn't affect visibility at night and resulted in electrical cost savings (maintenance in house project).*

- b. What capital improvement projects do you foresee at this facility over the next six years?

1. *Del-Norte security system for fences and gates, upgrade or replace*
2. *New key system*
3. *Radio system upgrade*
4. *Clean and paint water tower*
5. *MicroLite lighting system, upgrade or replace*
6. *Institutional Parking lot, overlay, seal and stripe*
7. *Asphalt front gravel parking lot*
8. *Increase the width of the Perimeter road by approximately (5) five feet (Asphalt)*

9. Widen and lengthen asphalt turning area, used by tractor trailers, for warehouse and MVE deliveries
- c. How critical do you believe those projects are to the long-term sustainability of this facility?
The first six improvements are listed as high priority and involve safety, security, and equipment to enhance our energy saving capabilities.

2. Staffing:

- a. Do you have any critical staff shortages?
Yes, especially in the area of custody staff.
- b. What is your average vacancy rate for all staff and for custody staff only?
Approximately 21 for all staff and 9 for custody staff only.
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?
Yes, it is difficult to keep the facility fully staffed and keep comp-time to a minimum. In addition to staff shortages, we accumulate overtime due to absenteeism, transporting offenders on out count appointments, hospital supervision and training. A weekly report is submitted by each shift that reports the number of overtime hours earned and the justification for those hours. Whenever possible, staff members who earn overtime are given an equivalent amount of time off before the end of the week to eliminate overtime accumulation.
- d. What is the process for assigning overtime to staff?
When overtime is required to staff positions, volunteers are asked for first. Volunteers sign up to work overtime in advance on sign up sheets located in the airlock, in front of the Control Center. If a post cannot be filled through request for volunteers, overtime is mandated utilizing seniority list broken down by shift and rank (CO I's, CO II's) with the lowest seniority to the highest. When a staff member works overtime, they are moved from the top of the list to the bottom (to qualify, staff has to work at least two or more hours in order to qualify and be moved from the top of the list). Staff may volunteer at any time to work overtime, to move their name down on the list. The seniority list is posted on the staff bulletin board next to radio and key issue, which is accessible to staff 24 hours a day, 7 days a week. The list is updated daily by the shift timekeepers.
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?
Approximately 55% of the comp-time accrued at WERDCC is utilized by staff as time off and approximately 45% is paid-off.
- f. Is staff able to utilize accrued comp-time when they choose?
Yes, if staffing permits.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?
475 (32%) of inmate students at this institution are currently enrolled in school with the Department of Corrections' Education Department and Van-Far School District.
- b. How many (and %) of inmate students earn their GED each year in this institution?
On average, 110 (25%) of inmate students earn their GED each year at WERDCC.
- c. What are some of the problems faced by offenders who enroll in education programs?
One problem faced by offenders who enroll in education programs is attempting to coordinate school with the other classes and programs that the offenders either participate in voluntarily or are mandated to participate. Low self-esteem of the offender is an issue. If they believe they are capable, they will progress. Many of the offenders are low achievers and simply do not want or care about their education and view having to attend school as a form of punishment.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?
Substance Abuse treatment is provided by Gateway Foundation, a contracted agency. We provide group therapy, individual sessions, educational lectures, educational videos and peer groups.
- b. How many beds are allocated to those programs?
A total of 240 beds are allocated to the Treatment Program: 90 Long Term (includes year long offenders and 6 month offenders) and 150 Short Term (ITC, 120 Treatment, PV84).
- c. How many offenders do those programs serve each year?
In FY10 approximately 987 clients were served.
- d. What percent of offenders successfully complete those programs?
93.3% were successfully discharged from the program.
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?
A primary challenge is working our program around the institution's schedule: canteen, count, med-line, and various and assorted other activities that can interfere with a daily schedule. These things are unavoidable, however, and we have adjusted. The Department of Corrections and Gateway work together to provide a continuation of services.

Another challenge is space. We offer many valuable services to include Impact of Crime on Victims, GED classes, Parents as Teachers, in addition to treatment services, making it a challenge to find space for the many necessary programs. We have managed to work it out, however. Again, the Department of Corrections works with us to make it happen.

The offender's ability to sign out at will after being stipulated to treatment is a challenge. This decreases their motivation to participate in and successfully complete the program.

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution?
Professional Gardening, Building Trades, Business Technology, Cosmetology, Certified Nurses Aide.
- b. How many offenders (and %) participate in these programs each year?
Vocational Education served 234 offenders this year.
- c. Do the programs lead to the award of a certificate?
All five classes lead to a completion certificate and Department of Labor certificate. Cosmetology can lead to a State Cosmetology License if the offender passes the state board examination. Certified Nurses Aide can lead to a license if the offender qualifies for the work release program. Business Technology students can earn a Microsoft Office certificate in either Word, Excel, Power Point or Access. Building Trades students can earn a NCCER certificate.
- d. Do you offer any training related to computer skills?
Yes, Business Technology is a computer-based course teaching secretarial type skills. All classes have computers in the room where offenders have access to typing skills and other limited skills on computers (such as data entry).

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?
Lab coats, hospital scrubs (tops and bottoms), visiting room jackets, broadcloth pajamas (men's and women's), muumuu gowns, hospital gowns, seersucker robes with snaps, fleece robes with ties, t-shirts

(with or without pockets, short sleeve, long sleeve and sleeveless), jersey shorts, twill shorts, jersey lounge pants, fleece jackets, fleece pants, sweatshirts, sweatpants, thermal tops, thermal pants (men's and women's), twill work pants, inmate work pants, inmate work shirts, sport shirts, work shirts, dress shirts, kitchen towels, terry bath towels, washcloths, bed sheets (flat and fitted), pillowcases, fleece blankets, screen printing, digital imaging, suicide vests, garment hangers, canteen bags with pocket, and mesh hygiene bags.

- b. How many (and %) of offenders work for MVE at this site?

We have a budget that allows 150 offenders to be employed for MVE, which would be 10.04% of the population; however, we currently have 124 offenders employed for MVE, which would be 12.15% of the population.

- c. Who are the customers for those products?

State institutions, including offender canteen; any tax exempt entity, such as hospitals, churches and schools; and state employees.

- d. What skills are the offenders gaining to help them when released back to the community?

We teach all sewing skills required in the manufacture of clothing and related products including needle changes, preventative maintenance and minor repair of machines. The digital graphic and printing skills taught help prepare the offender with more employable skills that would allow them to be competitive, considering the computer technology needed in today's market. In addition, their exposure to this workplace will afford a smooth transition in the community workplace. Offenders learn accepted practices that will allow them to interact more easily when employed in the community. Offenders are awarded certificates as they meet the 2,000-hour requirements and are recognized by the Department of Labor when they accumulate 4,000-6,000 hours.

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?

Yes.

- b. How many offenders are seen in chronic care clinics?

We have 1,053 offenders enrolled in a chronic care clinic; 269 were seen last month for routine chronic care visits.

- c. What are some examples of common medical conditions seen in the medical unit?

Sinus complaints, common cold, headaches, toothaches, menstrual cramps.

- d. What are you doing to provide health education to offenders?

Educational pamphlets are available in the medical unit; educational tapes of various subjects are aired on the offender television monthly; various bulletin boards in the medical unit are rotated with educational topics related to current trends; we hold an annual health fair for the offenders and one-on-one instructions are provided.

- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?

No active cases of TB have been identified in the facility.

- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain.

No, we have not noticed an increase in care due to aging of the population.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?

There are multiple ways for offenders to access mental health services.

- At the time of entry into the institution, a comprehensive mental health evaluation is completed. At this time, if there is an underlying or previously identified mental health need, the offender is referred to the psychiatrist and admitted to chronic care clinic.
 - Offenders are provided orientation to the Medical Service Request system, which provides them the ability to self-refer should they feel they require mental health services.
 - All institutional staff is encouraged to be aware of behaviors and statements made by offenders and to refer offenders to mental health for screening and potential ongoing services if indicated.
 - Daily presence and weekly rounds on segregation often identifies offenders who are experiencing various difficulties and could benefit from mental health services.
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?
- There were no successful suicides (0%) occurring at WERDCC in the past year. Suicide prevention instruction is given to all staff by Mental Health through Core Training. All offenders are screened for any signs of suicidality by the Receiving Nurse at entry and again by a Qualified Mental Health Practitioner that same day or the next day. Offenders are again screened for suicidality through chronic care visits or through Medical Service Requests or staff referral.*
- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?
- Approximately 500 offenders are taking psychotropic medications for mental illness, which is approximately 33% of our offender population.*
- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?
- Approximately 500 offenders are in chronic care. They are offered residential psychiatric care through the Women's Social Rehabilitation Unit, medication management by one of our psychiatrist with routine visits, routine chronic care visits with a licensed mental health professional, psycho-educational groups, individual psychotherapy, group psychotherapy, crisis intervention, treatment planning by a multidisciplinary treatment planning team and discharge planning for reentry to their community at release.*
9. What is your greatest challenge in managing this institution?
- The greatest challenge I currently face is with the anticipation of managerial staff soon to retire and the uncertainty that creates, as well as the knowledge and experience lost by their departure. I would also add the challenges of managing compensatory time, hiring and retaining quality employees and maintaining good staff morale for employees who do not receive adequate pay.*
10. What is your greatest asset to assist you in managing this institution?
- Just as managing staff is one of the greatest challenges, they are also, without a doubt the most valuable asset. The teamwork exhibited by staff and Executive support are invaluable.*
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)
- This facility has twenty (20) vehicles in its fleet.*
- Two (2) of the 15-passenger vans are 1998 model year vehicles with over 200,000 miles.*
- One (1) of the 15-passenger vans is a 1999 model with over 170,000 miles.*

One (1) of the 15-passenger vans is a 2005 model with over 160,000 miles.

There are ten (10) vehicles in the fleet that are model year 2006 or newer; all with mileage below 85,000 miles.

We have two (2) vehicle patrol cars with mileage of 200,000 and 170,000.

We have four (4) maintenance trucks with mileage below 36,000 and range in model years 1994 to 1998.

This facility has four 15-passenger vans in need of replacement due to high mileage, age and major components wearing out. These vans are highly important to the facility because they are in rotation with one van on the road every business day accumulating two hundred mile round trips delivering bus releases and inter-office mail. The two vehicle patrol cars will need replacement within the next 12 months due to the fact that they average an accumulation of 3,500 miles each month.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **(Please have the Major answer)**

At this time I believe the morale to be medium. The morale runs like a barometer, high, medium and low. It depends on how things are going with the job, other staff and at home. Overall I think it averages medium. Things that make it run low include, but are not limited to, staff shortages (currently 17 Custody staff short), news of no raises, higher insurance rates, no overtime, too much overtime, high gas prices, absenteeism, etc. I hear conflicting responses from staff when I ask them if they think morale is high or low. Some say high, some say low and some say medium.

The Gender Informed Practice Assessment team, who completed a survey in 2010 with a cross-section of our staff, said the morale is high with examples cited by staff as fundraisers for other staff, helping other staff when things go bad for them, staff believing in the programs, staff appreciating Administration coming out among them and visiting with them daily, open lines of communication, etc. We are still doing these things to the best of our ability. This committee visited with staff members that were selected at random from all three shifts and visited with them in an environment where there were no supervisors or any fear of retaliation. This would indicate the result of their survey is accurate; however day to day changes can make a big difference in the level of morale.

Upon my daily visits I find that staff seems to be happy with their jobs and with the way things are going generally, but I don't see the morale as being above average or below average at this time.

13. Caseworkers:

A. How many caseworkers are assigned to this institution?

28.

B. Do you currently have any caseworker vacancies?

We do not currently have any caseworker vacancies.

C. Do the caseworkers accumulate comp-time?

Caseworkers do accumulate compensatory time on occasion when they are called to work beyond their regular working hours due to Critical Illness/Death Notice, Division of Family Services call, attorney call or other offender crises. In some cases, they are called upon to assist the Corrections Emergency Response Team in special security searches. There are also caseworkers who facilitate the Impact of Crime on Victims classes, which are held on weekends.

- D. Do the caseworkers at this institution work alternative schedules?
Yes, many caseworkers now work four, ten-hour days instead of five, eight-hour days.
- E. How do inmates gain access to meet with caseworkers?
Offenders may gain access to meet with caseworkers through daily open door hours, wing walks, general appointments, offender correspondence, teaming violations, Transitional Accountability Plan meetings, counseling and making referrals to Mental Health and Medical.
- F. Average caseload size per caseworker?
64.
 - # of disciplinary hearings per month?
22
 - # of IRR's and grievances per month?
2
 - # of transfers written per month?
2
 - # of re-classification analysis (RCA's) per month?
11
- G. Are there any services that you believe caseworkers should be providing, but are not providing?
Our staff are providing all necessary services at this time. Currently, classification staff conduct programs on Impact of Crime on Victims, Pathway to Change and Anger Management. Other duties assigned to classification staff, but not limited to, are custody support, conducting searches, investigations and counseling.
- H. If so, what are the barriers that prevent caseworkers from delivering these services?
Not applicable.
- I. What type of inmate programs/classes are the caseworkers at this institution involved in?
Pathway to Change, Impact of Crime on Victims Classes, Anger Management, Restorative Justice, Pre-Release, Canine Helpers Allow More Possibilities, Women's Social Rehabilitation Unit, Peer Action Care Team, Project Reach, Hospice, Beauty for Ashes and Food Service Incentive.
- J. What other duties are assigned to caseworkers at this institution?
Job coordinator, processing visiting applications, key management, counseling offenders, criminal histories, offender payroll, death notices, Transition Accountability Plans, work release applications, investigations, organize room moves, file audits, notary service, bed assignments, vendor orders, court returns processed, facilitate outside phone calls with Department of Family Services and attorneys, supply requests, mental health referrals, medical referrals, chaplain referrals, escorting visitors for programs/classes, 4-H Life Program and other duties as assigned.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution?
We have 11 Institutional Parole Officers, 1 Unit Supervisor, 1 District Administrator and 3 Office Support Assistants (Keyboarding).
- B. Do you currently have any staff shortages?
Yes. We have one IPO vacancy that was open on November 20, 2011, which will be filled on January 30, 2012. Then we will have another IPO vacancy starting January 30, 2012, but will be filled on February 6, 2012.
- C. Do the parole officers accumulate comp-time?
Yes, we have had staff shortages off and on throughout the past year. Other Institutional Parole Officers have had to step up and work overtime to fill in.
- D. Do the parole officers at this institution flex their time, work alternative schedules?

Yes, they are encouraged to flex their time in order to not accumulate excessive compensatory time.

E. How do inmates gain access to meet with parole officers?

Offenders submit correspondence to the Institutional Parole Officer in their housing unit and, as time permits, the Institutional Parole Officers have open door meetings. The general population units try to have two open door sessions per week. Also, the Institutional Parole Officers schedule appointments and call the offenders out to interview them for necessary reports prior to due dates. This is done automatically on the part of the parole officer. During the R&O orientation, two parole officers talk to the offenders during an open forum type setting and go over probation and parole rules. A packet of information is handed out to each offender during receiving that covers probation and parole issues and who to contact with questions.

F. Average caseload size per parole officer?

For the general population parole officers, their caseload is the whole housing unit, averaging around 256 offenders. The specialized caseloads, treatment and violator units are less, but still average around 175 to 200 offenders.

- # of pre-parole hearing reports per month?

A total of approximately 87 per month.

- # of community placement reports per month?

A total of approximately 20 per month, which includes proceed with release memos.

- # of investigation requests per month?

Approximately 101 per month.

G. Are there any services that you believe parole officers should be providing, but are not providing?

The parole officers at WERDCC are not participating that much in programs or classes at the present time. Our main focus is on providing a high volume of reports to the Courts and Board, which mainly consumes our time. It would be nice if we could be more involved in Pathway to Change and pre-release programs.

H. If so, what are the barriers that prevent officers from delivering these services?

At the present time, our adjusted average work units per officer is 195 when the average should be 173 work hours per officer. We have a high volume of reports that are due to the Courts and Board with time sensitive due dates.

I. What type of inmate programs/classes are the parole officers at this institution involved in?

We have two parole officers that teach GED classes in the evening and one parole officer teaches an evening college class, Intro to Criminal Justice. The two parole officers in the treatment unit work with classification staff and outside field officers to assign offenders to aftercare in the St. Louis and Kansas City areas. The offenders attend a vide conference via satellite to learn more about the Alt-Care program they will attend upon release.

14. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

N/A.

16. Does your institution have saturation housing? If so, how many beds?

Yes, approximately 100 beds.

17. **Radio/Battery Needs:**

- a. What is the number of radios in working condition?

We have a total of 285 radios with 9 of those radios needing repair. This leaves us a net total of 276 radios in working condition. We are anticipating the change over of the radio system and are currently waiting to see if we will need to spend the money for repairs before doing so.

- b. Do you have an adequate supply of batteries with a good life expectancy?

We have an adequate supply of radio batteries at this time. We purchase approximately 100 batteries every six months. The current price per battery is \$28.00, with a total cost of approximately \$5,600.00 per year.

- c. Are the conditioners/rechargers in good working order?

Our conditioners and rechargers are in good working condition at this time.